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THE MAN AND THE MOB *

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PART I.

THE INDIVIDUAL.

FROM time immemorial, countless ages have erected huge piles of stone and metal in order to memorialize their achievements and, perhaps, as a boast to the generations yet to come. My impression is that there are too many memorials to war and to the gods of force; too few to the beauty of art, the precision of science, the humanitarianism of medicine. Altogether too rare, but destined to be eternal, are a few like the brooding figure of the great emancipator, Lincoln. It belongs to all ages.

It is somewhat doubtful if those happenings that were truly significant in the painful and stumbling upward climb of the human species have been properly memorialized. As epoch-making in a phylogenetic sense, one might think of that dim, distant time when fire was first brought under control and utilized for crude utilitarian and even cruder social purposes. One might think, too, of that significant time when human mentation reached the critical point at which the function of verbal speech hesitatingly emerged. No doubt, around the council fires were discussed the plans that sounded the knell of extinction for the mammoth and other huge creatures who roamed the surface of the earth and swam in its waters, ruling by impact of weight and by the killing power of tooth, claw, and fang. However, in spite of this, it is likely that the future of civilization would have

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been lost had it not been for the appearance and persistence in the human species of the quality of curiosity. It is truly significant, and it should be fittingly memorialized, that even our very primitive ancestors attempted to discover *reasons* for the things that they witnessed.

Naturally, the reasoning of primitive man was very simple and very fallacious. For instance, the phenomena of nature, the fearsome roll of thunder and the awesome bolts of lightning, were attributed to the anger of the gods or the machinations of evilly disposed spirits. The symptoms of insanity were believed to be due to the possession of the body of the victim by demons. As a result of this naïve belief, the bloodiest pages of psychiatry were written. In order to exorcise the demons that were causing the symptoms of madness, the unfortunate insane were starved and scourged and tortured in every conceivable way. Nevertheless, while man's thinking about these and other matters was unbelievably crude and naïve, yet the saving thing for civilization was that it was *thinking*. Among the very few barriers that stand between our civilization and cultures and the morass of barbarism is the driving force of that inner human desire to discover the composition and the causative factors in the problems and dangers by which we are encompassed.

On every side our civilization is menaced by war and other evidences of massive destructive behavior. Are we going to be destroyed by these and other mass phenomena or are we going to try to find out the stuff of which they are made?

The fourth estate lost a great columnist when Don Marquis died. I shall never forget his allegorical tale of the giant oysters. These huge oysters were forever pulling beneath the surface of the sea one or another member of the tribe. The watchers on the shore were filled with awe and fear at these mysterious disappearances. Finally they decided that they were due to a particularly powerful and malignant group of devils. A few insisted that certain gods were implicated. But one day a more intelligent or, at least, a more curious member of the tribe investigated and discovered that there were neither gods nor devils, not even octopi, but only giant oysters. Forthwith the tribe went into action, and the giant oysters disappeared forever.

Are we going to continue to stand in awed and shrinking fear before the spectacle of the Giant Oyster of massive crowd-minded behavior, or are we going to take it apart and examine it?

The way to discover what things are made of is to scrutinize their component units. No matter how large it may be, or whatever may be the particular brand of violence to which it subscribes—a lynching, a bloody strike or strike-breaking, or a war—a mob is made up of individual human beings.

Amazing though it is, I do not want to speak of the physical organism of man. I am going to discuss briefly that little understood part of each one of us which makes it possible for us to *feel*—our emotions. I want, particularly, to try to explain *why we feel*, and even more, I want to emphasize why, so often, we not only feel, but *feel very strongly*.

A fair point of departure for this aspect of our discussion is the *complex*.

What are complexes? Very briefly, they are things that we feel strongly about—things that move us deeply. Complexes are neither criminal nor rare. Usually they are more or less respectable, and they are so common that they exist in great numbers in the psyche of every human being who has a mentality above the imbecile level. We imbibe them early, almost with the milk from our mothers. Not only are they practically universal, but they involve every subject under the sun—religion, war, politics, women's clothing, golf, love, marriage, Franklin Delano Roosevelt, Wendell Willkie, third terms, military conscription, and so on *ad infinitum*. How may the existence of complexes be recognized?

First, they produce emotional as opposed to logical thinking. The behavior expression of emotional thinking is readily to be recognized. There are likely to be loud shouting and vehemence, table pounding, derogatory personal remarks, profanity, sometimes even physical violence. Contrastingly, logical thinking is orderly thinking. It proceeds from cause to effect, and it is quietly expressed. Proof is adduced; pertinent comparisons are made; authorities are quoted.

Another characteristic of the complex is that it makes asso-

ciations with the greatest of ease. Everything is grist that comes to the mill of the complex. Probably you have friends who are enthusiasts about various things—golf, bridge, stamps or coins, this or that college, in fact everything under the sun. Perhaps one of your friends is in love. If he or she is really in love, then the love complex is a deeply stirring trend in his or her psychic life. As you know, a conversation starting about any subject is very apt to be led soon into the channels of love. So it is with any complex.

In a discussion about the functions of the frontal lobes of the brain, one of the participants, who at the time had a strong complex about his "marvelous" young daughter, soon remarked (apropos of an observation that had no possible connection with his story), "That reminds me of something Mary Jane said the other day," and he was off to a good start on a conversational marathon and could not be stopped.

Finally, the complex demands expression in our everyday life. The person who has it can no more prevent its "coming out" than he could withhold the beating of his heart.

There is a fiction commonly subscribed to by the majority of human beings. We boast that we think and act logically. We do not. More than 95 per cent of the time, our behavior is largely emotionally determined. This is far from being an altogether bad thing. As a matter of fact, unadulterated logical thinking, while it may solve problems in higher mathematics, or carry forward experiments in the cloistered precincts of the laboratory, or produce some great invention, is so rare that it accounts for only a relatively small fraction of the total of human progress.

It is true enough that among the motivating forces that activate "complex" or emotional thinking and behavior, there are strata of ignorance, bias, prejudice, and intolerance, but it is also true that there are at work ennobling forces, such as self-sacrifice, devotion to the public weal, and spiritual, humanitarian, and political ideals. Thus, in the service of religion, patriotism, real family honor, social progress, and so on, complexes, because of the warmth, the energy, and the momentum that result from the emotional drive, have corrected abuses and evils and brought about

great upward strides in the direction of a brotherhood of man.

I am not speaking in a theological sense, but rather psychologically when I say that complexes may be "good" or "bad."

A complex is "good" when it results in good action, action that is constructive for the individual and conducive to the welfare of society. A "good" complex is marked by the fact that there is no bar or inhibition in the way of its natural, easy, everyday expression.

Many complexes that are not, strictly speaking, good in the sense that they make important, serious, and constructive contributions, are nevertheless definitely healthy and useful. Here one might cite the many types of collector, such as collectors of coins or stamps or even of booklets of matches. Another example would be participation or even interest in sports—or, for that matter, a healthy interest in anything, from classical music to murder mysteries.

Complexes may also be "bad." They are "bad" when the behavior produced, if unchecked, would be harmful and destructive to the individual and to the texture of the social fabric. An example of such complexes would be a latent, but strong component of homosexuality in the personality. Or a bitter and bloody hatred-of-all-authority complex, inculcated into the personality during childhood by unjust and brutal treatment from parents or others. Bad complexes demand expression in everyday life with the same insistence as "good" complexes—indeed with even greater insistence. But the very conditions that make them "bad" complexes—the fact that they are repugnant to the total personality, that they are disowned and often kept out of the territory of consciousness, and that if they were exhibited without camouflage, they would draw down upon the head of the individual the severe condemnation of the herd or society—make it impossible for them to be freely and openly expressed. Thus it is necessary that they be deeply camouflaged and very indirectly and deviously woven into the daily life of the individual. A latent homosexual content might be expressed in the form of markedly overreactive and tremendously emo-

tionalized behavior at any discussion of homosexuality. An authority-hating complex derived from childhood might appear in terms of violence and blood, camouflaged as "idealism" of social democracy, "racial purity," and so on. It is conceivable that some of the dictators, masters of millions, ordering every act of the lives of their subjects, are themselves enslaved as an aftermath of destructive emotional settings in their childhood.

Our complexes concern everything that has ever entered the mind of man or happened to him in a long and checkered career, but they all stem from three fundamental instincts: ego, sex, and herd.

The ego instinct, as you know, has to do with the self and includes the dominant instinct of self-preservation and propagation. You all realize the enormous importance of the sex instinct. The herd instinct scarcely needs any explanation—it is enough to say that it has been an enormously powerful and dynamic influence in the attainment of highly organized societal patterns. In the last analysis, the worst punishment that society can visit upon one of its members is to declare him beyond the pale—outcast.

It is inevitable that the respective demands and drives of ego, sex, and herd should often be irreconcilable. Since our complexes are derived from these sources, it follows that often they must clash. The situation within the psyche is scarcely like that of a perfectly attuned orchestra, with never the playing of a false note.

Our drives, desires, tendencies, trends, inhibitions, and taboos, of necessity cause conflicts within us. As a matter of fact, even the small items of daily conduct are the result of unconscious compromises among our innumerable conflicts.

For instance, an ardent hunter who has been hunting all day in the keen, frosty autumn air, so intrigued by his hunting that he stopped only for a few bites of sandwich, enters the dining room of his club at the dinner hour, famished with hunger. He can hardly wait until the food is set before him. When it arrives, if the hungry man obeyed his elemental urge, his unadulterated ego drive, he would seize the food in his hands and devour it—with "claws and fangs." Such a thought may even enter his mind. But he looks about and

sees polite ladies and gentlemen, using correctly their table implements. It is conceivable that he may sigh somewhat regretfully, but he picks up his knife and fork and minds his table manners. He has made his obeisance to society, retained his place in the herd.

If such a trivial matter may produce a conflict that must be compromised, how serious must be the conflicts that in grave matters produce a clash of strong, elemental forces—love and hate, self-sacrifice and aggression, pity and revenge!

A human conflict cannot remain indefinitely at an impasse. Eventually, if there is no solution, the mind may be smashed, just as a finely adjusted machine would be broken if its parts continued to grind against one another.

We could not face the full impacts of our conflicts, and we utilize, all of us, certain devices in order to escape a hard and sometimes brutal reality. These devices protect the psyche, as on a bitterly cold winter's day clothing protects the body.

Used sparingly, these psychological devices do no great harm and probably are necessary. If used too frequently, and in too large quantities, they take us farther and farther away from any likelihood of facing ourselves as we really are or facing the world as it really is, and we become candidates for the massive and violent escapes from reality that are threatening to destroy our civilization and its cultures.

It may be profitable to examine briefly a few of the devices we tend to employ for the purpose of circumventing our conflicts.

Regression.—Regression is a method of turning back the clock of time so that we may behave like children. A man comes home late at night, fumbles for the electric switch, stumbles in the dark, and smartly barks his shin against the sharp edges of a chair. He kicks the chair violently and explodes into a burst of profanity. A wife defeated in an argument with her husband about the purchase of a new hat weeps copiously. A young woman disappointed by her sorority's rejection of a movement that she has enthusiastically proposed sulks and sulks. These and numerous other examples frequent in the daily life of each of us illustrate the mechanism of regression.

Of course, regression does not solve our conflicts. They

remain untouched by childish outbursts of temper, tears, and fits of sullenness. Nevertheless, it is entirely natural and human for every human being to resort now and again to these devices. They survive from childhood, when they were more or less effective. Rather fortunately, no one ever grows up entirely.

But the habitual or very frequent employment of these puny weapons makes us increasingly vulnerable to the ill winds of the environment, less effective and less capable of meeting life on an adult basis.

Rationalization.—Rationalization is mental camouflage. It is a method of making life more pleasant and escaping from our conflicts by succeeding in making ourselves believe the things that we want to believe. A small measure of rationalization is not only very common, but quite understandable and even likeable. An example of more or less innocent self-deceptive mechanisms would be the definite feeling of having "a rather bad sick headache" of a tired and bridge-hating husband as he returns from a hard day at the office and is met at the door by a chirpingly cheerful and bridge-loving wife with the announcement: "Do hurry. We are going to the Joneses for bridge."

In larger measure, rationalization may be a dangerous psychological expedient. And the more unconscious it is, the more dangerous it is apt to be. For instance, a constantly nagging wife really believes that she is constructively "correcting" her husband because he is "untidy," because he "gulps his food," because he "shouts" in a conversation, and so on. In reality and unconsciously, she is registering her disappointment that her mate falls so far short of her father ideal.

Later on I will discuss the important part played by rationalization in mass and mob behavior, but now I want to recall to you the huge rationalization of the great stock boom that preceded the depression. It should have been obvious that the situation could not endure. Stock-market prices were out of all proportion to the actual values of the concrete things represented by the shares. There was enormous overstocking throughout the country. But the few warning voices were drowned out by the tidal wave of enthusiasm. "It is not a

boom," yelled the gambling masses, "it is development. Our boundless country can absorb it all and much more. We will all become rich." Arguments, statistics, warnings fell upon deaf ears. The public believed what it wished to believe, even though it was clearly untrue, because it was the pleasant thing to believe. It is thought to be very nice to be rich.

Thus, rationalization is a "black-out" of the truth, and if it is used too frequently, it becomes a part of the personality and psychological destruction is invited.

Segregation.—Segregation is a somewhat hazardous method of purchasing false security and dangerous surcease from the wear and tear of our conflicts by not letting our mental right hands know what our mental left hands are doing. A small degree of inconsistency is very usual and very normal. It is said to be one of the perquisites of the female sex. Indeed, in the majority of us, one rather anticipates a bit of psychological blindness to our own faults. Motor-car drivers are expected, more or less, to blame other motorists for the mistakes of which they, themselves, are often guilty.

Nevertheless, segregation does not go very far without becoming a serious hazard to mental security. Think of the men and women who occupy prominent positions in movements for improving the conditions of certain segments of workers and yet who are unjust to those whom they themselves employ!

There are classical examples of segregation in psychiatry and in literature. The so-called double personalities are of greatest interest. For instance, in one patient, personality "A," which is well-behaved and ethical, disclaims any responsibility for the behavior of personality "B," and, indeed, has no knowledge of the existence of this segregated part of the personality. "B" is badly behaved and sometimes shockingly unethical. Stevenson immortalized segregation in the story of the fine and upright Dr. Jekyll and the vicious Mr. Hyde.

You may recall the story of the Russian countess who was torn to the very depths of her emotional soul as she witnessed the sufferings of the stage hero in a play enacted in St. Petersburg. The play over, she left the playhouse and found her coachman and footman stiffly erect on the front seat of her

droshky—frozen to death. Although the night was bitterly cold, she had forbidden them to leave their posts.

Repression.—Repression or forgetting is a method of evading our conflicts and easing inner turmoil and tension by pushing out of consciousness remembrances that cannot be faced without ego belittlement and suffering. While repression is in a sense equivalent to forgetting, yet we must remember that there are two kinds of forgetting—passive and active.

We are not much interested in passive forgetting. It is the failure to remember the unimportant and the inconsequential. The average man would scarcely remember the color of the shirt he wore three weeks ago—that is, if he has more than one shirt. On the other hand, a woman might well remember the color of a dress and even the colors and styles of other women's dresses.

Active forgetting or repression is quite different from passive forgetting. Active forgetting is purposeful. Its purpose is to rule outside the bounds of memory those things that would make us uncomfortable. More pressingly, the function of repression is to exclude from conscious memory those things which it would be painful to remember since they would insult and shame the ego.

None of us are immune against forgetting certain small affairs of life which, at least unconsciously, are "better" forgotten—like the date for a boresome dinner or an unpleasant interview or a dental engagement. There is no great harm in these little conveniences of a "poor memory." However, all in all, repression is a precarious business and, if large and important segments of the psychic life are involved, there is a dangerous dislocation of the personality. Unfortunately, the repressed material is not effaced as if it had never been. It is merely dropped into that part of the mind which is beyond the horizon of consciousness. It remains as an area of great sensitivity, and whenever there is danger of its reappearance in consciousness, very serious nervous symptoms may make their appearance.

Both amusing and illustrative is the case of the man who at an informal social gathering suddenly disgraced himself by being sick at his stomach. There seemed to be no explanation.

He was chatting with a small group of friends while another group was gathered about the host, who was strumming a sailor's ditty on the piano. Suddenly he felt nauseated and began to vomit.

Here is the explanation. Many years before, when he was a young man, he was in ill health and it was thought that he was in danger of tuberculosis. A long sea trip on a coast-wise steamer was prescribed. For several weeks he had been miserably seasick. Day after day he had been prostrate in his bunk. A sailor below unceasingly (so it seemed to the sick man) pounded out a ditty on an old battered piano. He had repressed the whole unpleasant experience, and the next time he heard the ditty was almost twenty years later—with the result described.

Later on we shall see the enormous and destructive dislocations of society resulting from massive "active forgetting"—the repressions of the mob.

Projection.—Projection is a psychological expedient that seeks to circumvent the hard realities of our conflicts by shifting the blame we should accept ourselves upon others or upon the conditions of life. Projection is common, and in its milder exhibitions, it is harmless enough. For instance, the batter strikes out, throws down his bat, and says that the umpire needs glasses; the college girl says that the professor must have looked over the papers very hastily or she would have been credited with a perfect paper; the housewife complains that the baking powder was inferior in quality or the biscuits would have risen.

But if practiced too frequently and with too much facility, projection readily becomes a grave menace to the integrity of the personality and the peace of the mind. Soon it erects an impassable barrier between the individual and the possibility of seeing himself as he really is. The descent may be very rapid—excessive criticism, pessimism, sarcasm, cynicism, prejudice, intolerance, hatreds, brooding. And from here it is not a very long step into the territory of mental disease—ideas of reference, hallucinations, delusions of persecution.

Identification.—Conflicts may be softened and evaded by identification. It is a psychological mechanism that enters into the life of every human being from almost the cradle to

the grave. Identification is potent mental medicine and must be used sparingly. In excessive doses it is a subtle and dangerous poison.

Identification is the opposite of projection. In projection, we attempt to escape the facing of our insecurities and weaknesses by blaming others or the environment; in identification we seek to escape our limitations by merging or identifying with others, thus saving the ego by claiming their strengths as our own.

You may recall *Æsop's* fable of the fly who perched on a spoke of the wheel of the thundering chariot, surveyed the huge cloud of dust raised, and exclaimed: "Lo, see what a cloud of dust I am raising!"

Identification is a normal and helpful phenomenon of childhood. An epochal step in the direction of the attainment of emotional maturity is the capacity of the child to supplement its insecurities from the emotional strength it derives from the security of the parent citadel. Unfortunately, too few parents are wise as to the necessity and as to the method of loosening the emotional bond that binds their children to them. Consequently, many of us stumble through life attaching ourselves to a long procession of parental surrogates. I have seen adults working for Ph.D.'s who had more than enough I.Q. to attain their goal, but who, nevertheless, were still in their emotional diapers. They had not adequate emotional strength to think independently. Their efforts for the Ph.D. were imitative, practically slavish; they were supplementing their emotional stature from the towering height of their teachers, for them parental surrogates.

I have described a few of the mechanisms commonly used in small degrees by all of us in order to escape from our inner difficulties and conflicts. If we use these mechanisms too constantly and too extensively, then we are retreating from life itself and living in unreality. The individual who does this becomes disorganized in personality and is soon a candidate for participation in destructive mass behavior.

In the mob, in gigantic and menacing proportions, we may witness the operation of the same mechanisms of escape.

The puny violence manifested in the regression of the indi-

vidual becomes in the mob a mighty torrent of murderously destructive rage. The barrier of mob rationalization is so high and so thick that not even the faintest glimmer of truth can penetrate to leaven the dangerous falsity of its convictions. The repressions of the mob are so great that only feverish violence can keep them submerged. Segregation is constantly employed by the mob in order that it may avoid the danger of being forced to view the huge gap of contradiction between highly placed "ideals" and bestial practices. Mob projection amounts to a massive delusion of persecution. The mob, with deadly poisonous effect, spews out upon society the undigested bolus of its separate and communal insufficiencies and maladjustments. By means of identification, each member of the mob merges with the Leader. Thus each partakes in the "glory" of "great accomplishments" and, at the same time, escapes self-blame for blood-shedding, havoc, and murder, since the Leader not only assumes the responsibility, but has assured his followers of the "purity of the motives" and the "nobility of the purposes" behind these acts of violence.

PART II.

THE MOB.

Much of my life has been spent in mental hospitals. Until recently I have always felt quite comfortable with mental patients. Many of them are my trusted friends. I have learned much from them.

Now, for the first time, I find myself a bit uneasy in their presence. I find myself dreading the time when an intelligent patient may ask this question: "Why has society ruled me out of bounds and confined me beyond the social pale, inside a mental hospital, while outside violent mobs not only demand, but freely receive social encouragement and approval? Surely you *must* realize that compared to *their* antisocial and bloody orgies, *I* am a peaceful citizen. Why do you confine *me* and let *them* have their liberty?"

How would I answer?

Seriously, the world is sick economically, politically, culturally, and ethically. Above all, it is spiritually sick. It is not too much to say that, judged by the criteria of mental ill-

ness, the world is insane. A shadow has fallen across the face of our civilization and our cultures. It is the shadow of the Gargantuan figure of Crowd-minded Mass Man.

Coming events cast their shadows before them, but only to those seers of history whose vision has been sharpened by gazing long and thoughtfully at the history of man is it given to see those shadows. The seers of the nineteenth century spoke prophetically. Hegel said, "The masses are advancing." Comte declared, "Without spiritual influence, our age, which is a revolutionary age, will produce a catastrophe." Nietzsche saw "the flood tides of Nihilism rising." About ten years ago a modern Spanish author, Ortega y Gasset wrote: "If that human type, the mass-man, continues to be master in Europe, thirty years will suffice to send the continent back to barbarism."

Is this prophecy being realized?

What is mass man? Apparently he is a composite of Neanderthal man and robot, differing from the former in that he is lacking in the ennobling potentiality of evolutionary progress and from the latter in that mass men have learned to gather together and act by weight of numbers.

This dependence on weight of numbers, the impact of poundage, is the chief characteristic of crowd-minded mass man. He is like an enormously and dangerously overgrown spoiled child.

A short time ago I was consulted by a mild-mannered man who weighed not much more than a hundred pounds. He said:

"Doctor, this is my trouble. I have a son who is fourteen years old. He is a big, strong boy and weighs two hundred and ten pounds. He won't obey me. He won't obey his mother. All he wants is to drive the family automobile and stay out late. When I tell him he can't have the car, he knocks me down, takes the ignition keys from my pocket, and helps himself to my spare change. What can I do about it?"

Here is mass man in miniature. He acts by the archaic law of the jungle—brute force.

The crowd-minded mass man is marked by the trait of completely severing himself from his historical past—at least he disowns it. Of course, it is impossible to escape the shaping influences of previous generations; one century is molded by

the preceding one, reaping the benefit of its constructiveness and paying the penance for its sins. In any event, crowd-minded mass man pays no attention whatsoever to the past. He ignores the lessons to be learned from its mistakes and is not even faintly interested in the survival value of the successful experiments of history.

Mass man is a ready victim of fear and, therefore, he is unbelievably vulnerable to the most obvious and childish claptrap of unscrupulous propaganda. But more of propaganda later.

Crowd-minded mass man is by no means confined to low economic or social levels. Dressed in correct clothes, top-hatted, and be-spatted, he may be found massed in exclusive clubs and polite drawing-rooms. He does not use the violence of poundage, but listening to what he would like to do, one may fairly infer that the only reason he is not violent is because he lacks sufficient numbers and, perhaps, is a bit asthmatic and could not stand the strain.

There are many types of violent crowd-minded behavior, including lynchings, strikes and strike-breakings, and wars, such wars as have been thrust upon us by the dictators of Europe. You will say that we always have had wars. Yes, but wars of the bygone days were very different. Comparatively speaking, they were comfortable affairs. Weapons were not very dangerous; there were intermissions in the fighting; there were commercial, social, and cultural interchanges.

Modern war is shockingly different. The weapons are highly lethal, made with mathematical precision for one purpose—to deal death effectively on a large scale. In modern wars there are no noncombatants. Even babies are initiated into the rites of bomb-proof shelters and are equipped with gas masks.

The economic cost of modern wars is staggering. In fact, the danger of an aftermath of economic chaos is as great as—indeed, greater than—the danger of military defeat.

But in spite of its modern trimmings of mathematical accuracy and its utilization of technical advances, modern wars are quite as primitive as the wars of the past. Because they are so efficient and at the same time so archaic, the

destruction of our cultures and its monuments is the more grossly bestial. The intelligence that plans is befouled by the thing it plans.

How can wars, these survivals of Neanderthal man, be made and, even more puzzling, how can millions of human beings, presumably civilized, like the legions of Nazi Germany and Fascist Italy, not only be persuaded to fight wars, but even to be enthusiastic about the sordid business of killing?

There are reasons. First, there is the question of armaments. These are the tools of the game. They have cost much backbreaking labor, deprivation, and sacrifice. If they are not to be used, why all the trouble of making them? Rest assured they will be used.

In view of war and its homicidal excesses, the boast of our civilized cultures is somewhat empty. Apparently the ethical veneer laid down by some centuries over the primitive core of mankind is rather thin and worn in spots. In any event, the veneer is stripped off all too easily, exposing the primitive animal. His fangs and his claws are rifles and grenades, artillery, torpedoes from submarines, and bombs from airplanes.

The character of our civilization is such as to provide loopholes that open into war. We acknowledge gratefully the gods of industry, superb labor-saving, comfort-giving gods, but also we are plagued by its devils—monotony, ruthless competition, rigid standardization. Great masses *should* be thankful for the privilege of ceaselessly pushing a piece of metal under a machine which precisely punches into it a neat row of holes or, perhaps, attaching a gadget to something that passes before them on a "belt." They are *not* thankful. Some of them are bored; more of them dream; even more brood and are sullenly resentful; an increasingly larger number plot against society. For a large majority of them the "glorious adventure" of war is a divertingly welcome escape.

Finally, there is the deep inferiority of the crowd-minded mass man. Unscrupulous propaganda shrewdly plays upon this ego-shaming inner belittlement and twists it into shapes it finds useful for its evil purposes.

No more than you and I can the crowd man face his littleness. Compensation is imperative.

First, there is the salve of the lauding of the uniform, the glorification of the commonplace.

Then, since this compensation soon proves insufficient, there follows a frantic seeking for cohesiveness, the security and the compensation derived from the strength of numbers. The shibboleth is "our"—"our" club, "our" party, "our" union, "our" old-age pensioners. Thus the belittling insignificance of the pitifully small "i" is displaced by the glorious importance of the towering "We."

Soon we arrive at the area of dangerous compensations. *There is identification with the leader.* The purpose of this identification is subtle and dangerous. It conceals the deep gap between "noble ideals" and "brutal practices." Each member of the mob, being merged with the leader, is therefore vitally important, yet escapes acceptance of ethical responsibility for his behavior. That belongs to the leader. The follower is no more responsible than a child who obeys his father.

Frequently a lynching mob not only hangs or burns its victim, but commits indescribable indecencies upon the corpse. Nevertheless, the members of the mob feel the glow of "high and noble duty." They have chivalrously protected the sanctity of their women.

But the menacing possibilities of compensation are not exhausted. Yet to appear are the insane compensations of the mob—massive paranoia and megalomania. The masses begin to cry out for violence—violence justified by the "sublimity" of the end. The slightest opposition is interpreted as planned persecution. The mob cries out the more loudly that "sacred principles" are to be vindicated by force and the shedding of blood. The mob speaks for the Deity; it is Messianic; it is the great deliverer. But the redemption must be on its own terms—terms of poundage and violence, of blood and destruction.

Thus does the crowd-mind fulfill its compensatory destiny. Thus does the mob write the epilogue of its inferiorities in characters of blood.

The inferiorities may be so deep that they may fail of

aggressive compensations. With the impact of one crisis after another, masses of people may become desperately afraid. Feeling weak and defenseless, they rush together, in the words of Ortega y Gasset, "devoting themselves passionately to whatever is left in them of the sheep. They want to march through life together, along the collective path, shoulder to shoulder, wool rubbing wool and the head down."

Thus they look anxiously for shepherds and sheep dogs and, at least in certain countries of Europe, they have found shepherds, albeit they be false ones, and, disguised as sheep dogs, they have found wolves. Now they are herded for the kill.

What is offered to save our civilization and our cultures? What medicine will cure the world's insanity?

Propaganda is offered in liberal quantities. All too often it is dangerous and unscrupulous propaganda. This kind of propaganda is like an enormous bowl filled to the brim and overflowing. Every one who can be persuaded to partake is furnished with a silver spoon which has the magic property of making those who eat believe that they are getting what they think they want above all other things.

Propaganda, if unscrupulous, is unquestionably the gravest menace to the survival of our democratic civilizations. It is a well-organized business. There are not less than twenty-six kinds of propaganda, including "word of mouth" which in loud and brazen voice spreads rumor in public places.

Probably the radio is the most potent agent of propaganda. It combines the mystery of the voice from the unknown ether with the impress of the personality of the speaker. We are on the eve of the practical utilization of television. One awaits its potential propaganda dangers with well-founded apprehension.

Whether it be slogan or insignia, the strongest weapon of propaganda is the symbol. Unscrupulous propaganda deliberately appropriates symbols of noble lineage and fine traditions. The symbol plays an important rôle in normal mental life. Its function is to economize thought and its verbal expression. For instance, let us say that during an Independence Day celebration our flag is displayed. Instead of its being necessary for us to go through a lengthy process of thought associations—the American colonies and their

struggles, the rift with England, the war for independence and its great battles, the troubles of the new nation, its statesmen, and so on—there rushes through the mind a kaleidoscope of segments of these many glorious and stirring experiences of the founders and their descendants and quickly there emerges the thought of patriotism. Much time is saved by the stimulation of the symbol, and the goal thought is vitalized by its emotional force.

In every field of human activity and practically from the cradle to the grave, the symbol is in constant use. Commerce and business, the arts and the professions, politics and religion, are all replete with symbolic language. Not only do symbols economize the exchange of thought in all human relations, but they enrich life and the techniques of living.

In mental disease and in mob behavior, we witness the abnormal employment of the symbol, its debasement and degradation. It is overused. No longer does it economize thought. It abolishes intelligent thinking.

I know a patient who in the early years of a mental illness would consume many days in relating the almost convincing tale of the plotting of the government against his life and property. Now, after many years, he scarcely speaks at all. When questioned, he merely points to a bit of soiled ribbon affixed to the lapel of his coat. It symbolizes that he is the "Highest Potency."

Unscrupulous propaganda quickly learned the value of the symbol in leading masses by the nose. There is the dramatic pause . . . the shrill note of the trumpet . . . the muffled roll of the drum . . . the hushed, expectant silence . . . the reverent presentation of the symbol by one of its high priests . . . and then . . .

The environment is blood thick with emotion; intelligent thought is abolished. A few generalities and platitudes will suffice and a homicidal orgy, be it a lynching or a war, is in the making.

I am afraid that propaganda, with its destructive symbols, will not save our civilization.

Can we be saved from a "black-out" of our cultures and a regression to barbarism by the offerings of the extant political ideologies—Communism, Fascism, Totalitarianism?

The names are reminiscent of the fair shields of their ideologies—the lifting up of the submerged masses, the sacrifices of individual, selfish interests for the state and for the social weal. Then, on examination, there is revealed the *bar sinister* of cynical and brutal practices in all their stark and degrading nakedness. They are, each one of them, brutal dictatorships, blinding the unfortunate masses and leading them by the hundreds of thousands, aye by the millions, to their degradation, destruction, and death.

Democracy comes somewhat closer to fulfilling the ideals of mental hygiene, but democracy, too, has its fallacies, dilemmas, paradoxes, and dangers. For instance, it is useless to mouth empty phrases like, "All men are created equal," when the blunt truth, as stated by Riddle, is this: "All men are created unequal. No politics or poetry or dogma in this; just a straight, clean fact of prime importance to decent thinking on human social problems and possibly a fact that must be learned, digested, and assimilated . . . before unreason ceases to be a threat to all democratic forms of government."

Nevertheless, thus far at least, democracies have no laws against thinking, speaking, and acting intelligently. There are some guarantees to intelligent minorities and there is some alignment between ideals and practices.

It is erroneously assumed that the majority of votes necessarily determine the wisest courses of government. Since crowd-minded mass man is in the majority and, since, too, he is likely to regard the government as something from which to get things, one might expect that the result would be chaos. Actually, however, the impact of intelligent minorities is felt. Compromises are effected. Similarly in the human personality, from the inevitable clash of the irreconcilable drives of ego, sex, and herd, one would expect catastrophe. But usually workable compromises are made and the mind is saved from disorder.

One might propose as a definition of democracy the following: An acceptance of natural inequalities and a consistent and persistent attempt to remove artificial ones.

Can our civilization and our cultures be saved by grace of technocracy? The technical conquest of the environment is *the* amazing accomplishment of our age. Technical genius

has conquered limitations of time, space, the upheavals and defiances of nature. But in France during the World War, I saw a bridge blown up in order to check the advance of the enemy. It was not a large bridge as bridges go, but it was an excellent bridge, the product of the best engineering brains in France. It had linked together commercially, socially, and culturally people who, without the bridge, would have remained alien to each other. It was blown up by a charge of TNT, also a product of chemical genius. In an instant all the benefits the bridge had conferred for so many years were lost and nothing was left but a mass of broken and twisted fragments.

One cannot escape the depressing thought that even great inventions may be used as readily for wanton destruction as for constructive purposes. Somewhat jestingly, Joad proposed a board of control to pass on inventions in order to determine their potentialities for human woe. More seriously, he declared that "the *aéroplane* was made by superman, but has fallen into the hands of the apes."

It is fascinating to think of man in terms of his material, technical, engineering components. We contain within ourselves reduction plants, storage batteries, hydraulic and pneumatic pumps, motors, railroad and conveyor systems, crushers and cranes, a telephone system, telescopic and microscopic range-finders, a spectroscope, an instantaneous reference and filing system that with ordinary care lasts upwards of seventy years, and so on. Materially and structurally, man is a beautiful piece of machinery. However, if this is all—if there is naught of the spiritual in it—then we can conclude only with this inglorious climax: Paid at machine rates, about three mills per kilowatt hour, a man might earn as much as fourteen cents a year, or \$4.30 in his lifetime.

Man's conquest of his environment has made him easily supreme among animals, but his supremacy is too one-sided, too physical, too materialistic, too lacking in philosophical and spiritual balances. In our devotion to techniques, we may have erected a Frankenstein, which is already beginning to regard us somewhat coldly and calculatingly in the exact terms of our physical organisms. Recently, some hundreds of thousands of young men in the service of their dictators

were killed after having been priced at the expense of their training and equipment. These are available at bargain rate on account of the low cost of labor in the dictator countries.

On the upper reaches of the Amazon River, there is a tribe of natives who from time to time squat upon the ground. Until an allotted time has elapsed neither persuasion nor threat will move them. "We are waiting," they say, "for our souls to catch up with our bodies." With much profit to itself, modern civilization might do likewise.

All in all, it is exceedingly doubtful whether modern science can save our civilization.

Is there *anything* to which we may turn?

Mental hygiene is willing to stake the future of civilization, of culture, and of the spirit of man upon education. It must be remembered that propaganda is not education. In the words of Dewey: "True education produces knowledge that is humanistic in quality, not because it is about human products in the past, but because of what it does in liberating intelligence and sympathy. If it does not do this, it is not even educational."

An important objective of humanistic education is to preserve and encourage intelligent minorities. But intelligent minorities are made up of people who have matured emotionally and who insist on thinking independently. Once intelligent minorities cease to exist, then democracies, in their full and rich meaning, will disappear.

But intelligent minorities do not suddenly spring into existence. They must be recruited from those adults who as children lived in environments that favored the development of emotional maturity.

Mental hygiene knows that it is only in childhood that deep and lasting impressions can be made. The generation following the World War was called a "lost generation." By this was meant that it was confused and out of alignment. Every generation that during childhood was denied mentally hygienic surroundings, surroundings that provided opportunities for the maturing of emotional processes, is a "lost generation"—a generation hopelessly lost to civilization and the perpetuation of its humane cultures.

I should like to leave with you a final thought: Your sorority is an intelligent minority. You are among the guardians of the civilization and cultures of our democracy. You stand for the liberation of the human spirit. The children who come under your influence will not lack the help that they need to attain maturity of feeling and acting as well as of thinking, of soul as well as of body.

But, if you are to free others, first you must be sure, each one of you, that you yourself are free. If you are too heavily weighted by the chains of regression, rationalization, segregation, repression, projection, and identification, then no matter how great may be the volume of education you may imbibe, you will, by the very weight of your enslaving chains, fall into the pit of crowd-minded mass movements.

The world situation being what it is, this meeting is something more than an annual conclave of Chi Omega. It is a declaration of intelligent faith and courage soon to be tested on a perilous, but glorious front.

A RECREATION-OCCUPATIONAL-THERAPY PROJECT AT A STATE HOSPITAL UNDER W.P.A. AUSPICES

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A RECREATION-OCCUPATIONAL-THERAPY project was started at the Cleveland State Hospital in August, 1938. It was an experiment in opening up a new field of service for W.P.A. workers in the Professional and Service Division of the Work Projects Administration. This paper is a short account of the development of the program, including the training of the W.P.A. workers who put it on, its reception by the patients and the hospital employees, and the deductions to be drawn after sixteen months of supervision.

The sponsor of the project was Dr. R. E. Bushong, superintendent of the hospital, who had come there two months before the project was started. He was already using W.P.A. labor in redecorating the wards of the hospital and in grading and road work on the grounds.

There were some 2,300 patients in the hospital. About 500 were bed-ridden or incapable of any activity except in the chairs in which they sat all day long. About half of the patients participated in some branch of the maintenance work of the hospital. At the peak of the program, when the greatest number of W.P.A. workers were available, 980 individual patients were actively engaged in some form of recreation or creative occupation. In some months, all but the seriously ill patients participated, at least as audience, in the W.P.A. activities.

The number of W.P.A. workers increased from sixteen in the first month to a maximum of sixty-six. The latter number included a supervisor, a secretary, and a clerk. About half of the workers were men, and half women, the majority of them between the ages of twenty-five and forty. The high-school graduate who enjoyed some wholesome recreation himself was usually the most successful worker. Those workers who were normal and well-balanced, able to assume responsibili-

ties and to carry on difficult tasks in other relationships in their own lives, were best able to cope with and understand the emotional upheavals they observed in the patients without letting them affect their own behavior. The supervisor had had a variety of experiences in recreation with groups in many social agencies and institutions. She developed the program along lines suggested by the sponsor when capable leaders were assigned to the project, and as fast as the workers could be trained to conduct the program.

The hospital had never employed a professional occupational therapist. It was a prerequisite of the W.P.A. that one be employed before the project started. She arrived at the hospital the week before the project started. There had been sporadic attempts in other years to interest the patients in handicrafts and group activities, such as parties and games. A group of women had met as an "art class" for twenty-five years, and had done fine sewing under the supervision of a nurse assigned to this duty. The proceeds from the sale of these products went into a fund which paid for the rental of a weekly movie film, and for parties given for the patients on holidays. This fund now became the nucleus of the sponsor's contribution to W.P.A.

No information was available regarding the steps to be taken in starting the project. The W.P.A. supervisor was introduced to the hospital staff on the day of her arrival on the project, was taken to visit all of the wards on the second day, and sent sixteen workers on the third day. The W.P.A. summer playground program was not to end for three weeks, so there were no trained workers available to start the program. The ones who were sent could easily be spared from the projects on which they were working.

The occupational therapist set up a training course for the workers which lasted about a month, teaching them many of the textile handicrafts. She became an unending source of ideas which the workers followed in their handicraft classes in the wards. She eventually assumed all charge of the occupational-therapy rooms and supervised the W.P.A. workers assigned to assist her. All crafts and activities outside of these rooms were under the direction of the W.P.A. supervisor.

Handicraft classes were soon started in the "good" wards, with two workers in each. About the end of the second month, the workers started classes in the "disturbed" wards. Classes were not started in the "untidy" wards until after Christmas, when there were sufficient workers, and the hospital employees and the patients in the wards had let it be known that they wanted the W.P.A. workers to come into these wards. The W.P.A. supervisor had been unaware that these patients would enjoy or wanted any recreation. A psychiatrist in the men's "untidy" ward, however, stated that there were about one hundred patients in the ward who were able to play active games if they could be persuaded to do so. Thirty-five were soon having some part in an activity.

In the first group of workers sent to the project were a competent mural artist and a locally recognized ceramic artist, both transferred later to the Art Project. As soon as their abilities were discovered, they were assigned to start an art class with the patients who were known to the hospital nurses and attendants as having been artists or interested in art. The men artists responded with pleasure, but the women who responded—and they came in larger numbers—had seldom handled art materials before this time. Only patients who showed skill and aptitude were allowed to continue in the class.

When the project started, it was late summer. The patients were still spending their leisure hours sitting outdoors on lawn benches arranged in circles. The W.P.A. workers were taught a few group games. From their own experiences they recalled others that could be adapted to the circles of patients. Then daily they went from circle to circle, playing ball and bean-bag games and simple singing games such as "Drop the Handkerchief."

Music was introduced into the program at Christmas time with the organization of groups of carolers. Dancing and dramatics were combined with the music in a dramatic-arts department when the Federal Theater Project ended and a competent leader was available. In fact, each part of the program was started when a professional leader in games, music, or dramatics was sent to the project. Thus, a high standard of achievement was established for the workers, and

the type of performance that could be expected from a W.P.A. program was indicated to the hospital staff.

During the first few months, two old dining rooms were refinished to be used for occupational-therapy rooms under the supervision of the occupational therapist. When the rooms were ready, one was used by the men and the other by the women patients. The women from the hospital's long organized "art class" formed the nucleus of the one group. The men patients who came to the other group were recommended by the psychiatrists, the hospital attendants, and the W.P.A. workers. Either the work histories of the men showed that they might be interested in highly skilled crafts, or they had demonstrated skillfulness in the W.P.A. craft classes. From this time on, the W.P.A. workers recommended the skillful patients whom they discovered through their classes in the wards, when vacancies occurred in the occupational-therapy rooms.

Two hospital employees assisted the occupational therapist. Eventually, five W.P.A. workers were assigned there. Two W.P.A. women workers prepared work for the women patients. One W.P.A. man taught the men patients wood-working. Another had charge of and taught the dyeing of materials used in both occupational-therapy rooms and in the ward handicrafts. The third worker assisted in teaching rug making and loom weaving. An attractive gift shop was soon opened and the funds received from the articles sold were added to the sponsor's contribution to the project.

The handicraft classes in the wards continued to meet daily. In the summer, tables and equipment were carried out on the lawn. The handicrafts taught included a large variety, being limited only by the types of scrap material donated or the funds available from the hospital for equipment. In order that every patient might find some craft that he might work at, the handicrafts extended from pulling threads from strips of dyed burlap potato sacks to candlewicking bedspreads and weaving on table and upright looms. The same crafts appealed to both men and women. The fact that the articles made were for the use of the hospital was resented at first by the patients. But the change in appearance of the wards, with new curtains, bedspreads, gay pillows, and colorful rugs,

and praise of the patients who had made them, created a new attitude in the patients toward the work of making articles for hospital use.

At the end of the year, an exhibit of the handcraft articles made in the wards and the work of the art classes was held in the chapel. During the four days it lasted, patients demonstrated the various crafts. The original purpose of the exhibit was to show both the patients and the W.P.A. workers the extent of the work that they had accomplished and to let them have the pleasure of displaying their work to one another. There were many other results. The hospital employees were astonished at the amount of work that had been finished. Each was given new ideas of what could be made for his ward in the hospital. The patients were pleased with the approbation given to them and became interested in doing better and more craft work. Good publicity was given the hospital and the W.P.A. project through the friends of the W.P.A. workers, the relatives of the patients, the W.P.A. administration staff, the neighborhood social workers, and the reporters of the two newspapers who visited the exhibit. All of the patients in the hospital were given an opportunity to visit the exhibit. Then they were taken in groups to visit the occupational-therapy rooms, the gift shop, the W.P.A. offices, and the library, all places which many of them had never seen.

Many of the patients were always experimenting with the materials. The results were usually something for their personal use. It was decided to save these articles for Christmas gifts, and they were stored away with the patients' approval. When the second Christmas came, sixteen months after the project began, it seemed possible to complete 2,300 gifts—one for each patient—and this was done, with the addition of a few men's neckties and women's aprons from the W.P.A. sewing rooms and some handkerchiefs purchased by the sponsor. This was the first time that every patient had received a gift at Christmas.

When the first cold weather arrived, games had to be played indoors. The W.P.A. workers were not allowed to take the patients out of the buildings until the project was about five months old. The wards were not good places for playing

games. The patients were like children. An uninterested, jeering group on the outside of a game could spoil it for the others with little effort. Besides, the patients wanted active games. Singing games and ball games were not successful in long halls. In spite of permission from the sponsor, the nurses did not like chalked shuffleboard courts on the floors. And it was altogether too easy for one of the hospital staff to take a patient from a game for ward duty or errands.

The chapel with its movable seats was finally made available for active games throughout the cold weather. When the warm weather came, separate playgrounds for the men and the women were equipped and used daily. The active games became the most popular part of the program.

A well-lighted, semi-basement room was found under the men's wards and turned into a men's game room. Chairs, card tables, a ping-pong table, and handball and shuffleboard courts were included in the equipment. Many of the men were glad to read magazines, collected for this purpose by the game leaders. The second winter a larger, but not so pleasant room was found in the basement of one of the cottages and fitted up for the women. It proved to be just as popular. A W.P.A. handicraft worker was sent to the project and he devoted all of his time to making game equipment, such as checker boards and shuffleboard sets, and handicraft equipment, including crochet hooks, looms, and so forth.

The first parties were held on Hallowe'en in every ward in the hospital where there were craft and game groups. The committees for games, decorations, and refreshments were made up of patients. The W.P.A. workers came in costume. The patients had made themselves masks and caps from the scrap material given to the hospital. It was suggested that ghosts go from ward to ward, but the workers were afraid of the possible "disturbance" that might ensue. Nevertheless, a ghost did go into all the wards while the parties were in progress. The fun that resulted put the nonsensical into the necessary part of the program after that. Nurses and attendants stated that this was the first time that pleasure of this sort had been brought directly to every patient. It was customary to take the patients who would go to the chapel for all the programs and the parties. From this time on, the

patient who remained willfully in the ward and the patient who was bed ridden had a part in the W.P.A. program. The Thanksgiving parties were held in the wards. Later, the Christmas carolers and the glee clubs traveled from ward to ward, singing to all of the shut-ins.

The Christmas carolers supplemented their program with tap dancing and some novelty numbers on the guitar, the trumpet, and the harmonica. Afterwards, a survey was made to determine the number of musicians who might be interested in an orchestra. Sixteen were discovered. They would have made a fair-sized musical group, but the sponsor never found the money to invest in the required instruments. One violinist, whose family sent him a violin, delighted his audiences many times before he went home. A W.P.A. worker loaned her own violin to a blind patient who played skillfully. When she left the project, she had to take her violin with her. Several pianists and organists were persuaded to practice and they accompanied the glee clubs and the community singing before the movies, and played for the entertainment of the patients many times.

On Valentine's Day the first large parties were held in the chapel, the men having one party and the women another. The parties were a step forward in group activity, but a really successful large party did not take place until the following Thanksgiving, when both men and women patients attended the same party.

The art groups were the first groups in which men and women patients were brought together. They went back and forth freely between the two rooms assigned for the art activities. They sketched together on the grounds of the hospital. Separate glee clubs were started for the men and the women, but they were fused into one a year later when lack of space and time for rehearsal made it imperative. The music was much better and the patients behaved with perfect decorum. A current-events group for men and women was organized and met once a week. The members planned and carried out their own program. The dramatic group was composed of men and women from the beginning, and the dance class was attended by men and women. The sponsor of the W.P.A. program, the superintendent of the hospital,

did not believe that men and women patients should dance the modern dances together, so the very versatile dramatic leader "squared off" the Rye Waltz and other round dances, which were easier for her to teach to beginners than folk dances and quadrilles.

During the summer every patient had an opportunity to go on a picnic and roast wieners or fry hamburgers. This form of recreation was suggested with trepidation. A picnic was tried out, with twenty women patients from the most "disturbed" ward and five W.P.A. workers attending. The patients built the fire and tended it, roasted their own "hot dogs" and marshmallows, made and poured their own coffee. The success of the venture was assured. The hospital built two fireplaces (only one was ever used) on an old tennis court halfway up a hill, where the patients had a good view of the surrounding neighborhood, but were screened from curious passersby. Two picnics were held every week throughout the summer. A group of men patients with a W.P.A. worker cut and whittled the wiener sticks for each group. One patient came in a wheel chair. One who had been tube fed for several weeks ate three hamburger sandwiches and four marshmallows. Even with fire, matches, a bread knife, hunting knife, jackknife, can opener, and sharp sticks as necessary parts of the equipment, not one accident occurred all summer. The attention of the patients was on something that pleased each and every one of them.

There were several good baseball games throughout the summer between teams made up of men patients, women patients, and W.P.A. workers. The W.P.A. workers were beaten in their first game with the patients and changed their score in the last game only by hard practice. Every one in the hospital was invited to watch the games. In September the men interested listened to the World Series over a portable radio brought to the hospital by one of the W.P.A. workers.

The summer's game activities ended with a carnival. The morning of the carnival was taken up with field events. There were ribbon prizes and lollipops for every one. The afternoon program was in the nature of a circus performance, with the patients taking the parts of clowns, trained animals,

and so on. A sudden shower drove every one inside the hospital, with the gay confusion of such an incident and no difficulties. Popcorn balls, which were to have been distributed outdoors, were sent to the wards.

The carnival ended the summer's outdoor activities, but started the dramatic program, for the new W.P.A. dramatic leader had charge of the carnival. Three afternoon try-out programs were given in the chapel. The men patients, the women patients, and the W.P.A. workers entertained with their individual talents. This was the first and only time that the W.P.A. workers entertained the patients as a group. They were always anxious to do so, but it was believed by the supervisor that the best recreation comes from participation in the program. The project was set up for the patients' participation under W.P.A. leadership and the emphasis of the program was always on that.

One play with a cast of three characters was given by the dramatic group. Two casts were rehearsed, but the understudies were never needed. A Thanksgiving and a Christmas pageant were given by the combined dramatic, glee club, and dance groups. The W.P.A. leaders of these groups did excellent work in originating and staging the pageants, which gave equal pleasure to the patients participating as performers and to those participating as audience.

The training of the W.P.A. workers developed with the expanding activities, and anticipated the program planned for the patients. The patients needed an hour and a half for their lunch, which was a half hour longer than the W.P.A. workers needed for theirs. This half hour was utilized in training courses and conferences. One day a week the game leaders met for demonstrations of games. One day was for instructions in handicrafts. One day there was a general conference at which a part of the time was devoted to the discussion of mental-hygiene principles and teaching principles. The other two days were used for special conferences with group leaders as they were needed. The workers had to have help, particularly in teaching methods. They were often skilled performers in the form of recreation they chose to teach to the patients, but had never been called upon to teach their skills to others.

The superintendent of the hospital gave the workers a talk on the general types of behavior to be found among the patients. Early in the program it was thought that it was more important that the workers understand the forms of recreation to be used with the patients than the mental diseases from which they suffered, since the training periods were so short. The workers came with the same ideas regarding "insane" patients that are still current in the community at large. First of all, the word "insane" was deleted from their vocabularies, and the words "mental disease" and "nervous disease" were substituted. The correction was made with the patients also, for they often referred to themselves as "nuts," "crazy," "insane." Then information, statistics, and case records were presented to the workers to make them realize that the prognoses of many of the patients were good. The hospital employees had many stories that were encouraging. Almost immediately changes that seemed miraculous occurred in the condition of several of the patients, and the workers began to realize that it was a great opportunity for them to be able to help effect these changes.

The workers were taught to treat the patients as normal adults in order to get them to make adult responses again. The workers emphasized the responses of laughter, applause, conversation, discussion, criticism, coöperation. They learned that a patient should never be confronted with an issue that he is unable to handle at the time. They learned that friendliness, understanding, and reëducation are outstanding factors in helping the patients master their own difficulties.

The use of needles, scissors, crochet hooks, knitting needles, and tools was introduced slowly. An attendant in one of the men's wards who objected to their use by his patients was shown that one of the patients was already making crochet hooks out of toothbrush handles; another, keys from splinters of wood; while a third patient had knitted mittens and a sweater from scraps of burlap on match sticks. Then these patients were allowed to use all the tools that they would use constructively. After two wards of "disturbed" women patients had used sewing equipment for two months without accident, the third ward of similar patients was allowed their use also. The articles were seldom lost. They were always

counted after each craft period. A lost article was usually found in the possession of a patient who was fond of collecting. The W.P.A. workers learned to attach no emotion to the loss other than concern over property that was needed in getting work done.

The W.P.A. program interrupted the routine habits of the hospital employees. The patients had to be called for by the workers in each activity, and returned by them to the wards. The employees had to know the changing program of the patients in case any of them were wanted at any time during the day. The employees had to decide daily whether the activity was suited to the variable moods of patients. Their decisions were always accepted by the W.P.A. workers.

The patients were very skeptical of the purpose of the program at its beginning. Those who had been in the hospital the longest remained aloof the longest. The depressed patients were the most difficult to arouse to participation. The workers were taught to repeat daily with unaltered enthusiasm their invitations to join in the activities. They were trained, through demonstrations in their own groups, to make every imaginable approach to the patients' interests. They were taught to recognize a gleam of interest in the slightest of gestures and responses. It was emphasized that the pleasure of any patient in any part of the program was sufficient reward for their work, for aroused interest could carry the patient a long way on the road to recovery.

An elementary course in the principles of mental hygiene was given the W.P.A. workers. Its purpose was to acquaint them with the exact meaning of the psychiatric terms that they heard daily, with the development and purpose of psychiatry and its relation to social progress, with the principles of individual and group behavior, and with the physical and social causes of mental diseases and the methods of their prevention and cure.

After a few months, an audible effect of the project was noticed about the hospital. On Monday morning or after a holiday, there was loud screaming and yelling from the windows of the wards of "disturbed" patients. There was quarreling and loud talking in the wards. The rest of the week, while the W.P.A. workers were in the hospital, no screaming

was heard outside of the hospital, and the noisy patients in the wards were concentrated about the craft tables, which attracted some interest from every one of them. A visible effect of the project was seen in the men and women patients who took their daily walk with the nurses and hospital attendants. During the first months, the patients were surly in their responses to greetings. They walked with their eyes on the ground. They constantly muttered and talked to themselves, most of them unaware of what they were doing. In the latter months, it seemed that a much greater number of them were walking upright and looking about them. They greeted the W.P.A. workers as they passed, exchanging a sally or two, and stopped to shake hands and converse with the workers.

The enthusiasm of the patients was sincere. Their achievements were real and tangible. Their improvement was noted in their increased participation in the W.P.A. activities and in the maintenance work of the hospital, and in the greater number of their visits home. The project has not been going long enough to observe the increase, if any, in the number of patients discharged. The W.P.A. workers fought discouragement among themselves with training, discussion, and hard work. Because of their limited insight into the whole field of mental hygiene and psychiatry, they were taught to applaud their achievements only among themselves.

Some of the experiences with patients reported by W.P.A. workers are of interest as concrete illustrations of the type of work done and the results achieved. A few of them are quoted here:

"Three months ago it was a task to get Mr. K. out of the ward. We would ask him and he would refuse flatly. He would let us take him by the arm and pull him out. When we got him out, it was a discouraging task to get him to participate. He had the habit of standing alone, with one hand holding the other arm, and would stand this way for the duration of our activities. We would try to get him to pass a ball in a circle, which was the easiest of our activities, but he would rather get hit in the face than make an attempt to catch the ball.

"One time he attempted ping-pong, but he would only hit at the ball a few times. We then took him through the entire list of our activities, but with no success. We took him to concerts and he stood through the performances. The only conversation that could be had was a decisive no, or repetition of some part of the Scriptures.

"We decided that he liked baseball because he would watch a game

out of the corner of his eye, but as soon as we would look at him, he would look at the ground. It was then decided to put him in full vision of what was going on, but still in such a position that none of the workers would have occasion to look at him. He was left standing behind third base most of the time. We noticed that his hands were at his sides and then in his pockets. At times he would smile when an amusing play was made or show determination when a ball was hit for a distance. It was very apparent that he wanted to participate, but we never asked him because we were certain that he was going to get into the game of his own accord.

"About the third week in August Mr. K. went out to center field and started to chase a few fly balls. The next day he was told to play third base and he showed plenty of action. His turns at bat were not so successful, as he took a very weak swing and he refused to run bases. But four weeks later he was actually playing ball and as good a game as any ordinary person can play. We have moved him about the field and find that he now adapts himself to any position we put him in. Other activities have been opened to him and he is taking an interest in croquet, horseshoes, ping-pong, and shuffleboard."

"About a year ago, Mr. E. could be seen sitting at the end of the long hall in the ward. He would sit with his hands in his lap, looking closely at the palms, then turn them over and closely examine the backs. I approached him every morning over a period of six months and greeted him with, 'Hello, Mr. E. Would you like to join my class?' His response always was, 'Go on. Get away from me. Don't bother me.'

"One morning I set up my class of twenty-five patients where Mr. E. would be in a position to observe the men at work. This time when I approached him, he looked up at me and smiled, got off the sill where he was sitting, and walked over to the table. I pulled up a chair and gave him a burlap sack to unravel. The next day I taught him how to candlewick a bedspread. He now attends the handicraft class every day and is making an old-fashioned quilt. He was never allowed to go outdoors as he was a runaway. Now he has lost his stubbornness, and his outlook on life has improved to the extent that the doctors have given him permission to go outside and play baseball and horseshoes."

"A young woman patient was found to have had two years of study at the local art school. She was urged to come to the art class and she did so, doing some excellent work with charcoal and with water colors. It was learned that she had been subject to manic spells every two weeks for several months. At the end of six weeks in the W.P.A. activities, she had had no 'spells,' and went home for a trial visit. At the end of another month, she went home to stay, leaving many friends among the W.P.A. workers whom she often came back to visit."

"A marihuana addict kept the ward in an uproar and spent most of her time in seclusion when the W.P.A. workers were not at the hospital. But when they were there, she attended the art class, played games, danced, and sang in the glee club to the delight of every one."

"A manic-depressive patient became a good friend of every W.P.A. worker because of her good humor and her participation in every activity. She said it was the first time in her life that she had ever had any real recreation. She had started to work at ten years of age, washing dishes in her grandfather's restaurant. She herself is now a grandmother. When finally released from the hospital, she went back to her home in one of the most congested parts of the city, a section quite devoid of any recreational opportunities for her."

Only a few conclusions can be drawn from the first few months' experiences on this project. They are as follows:

There is a large group of W.P.A. workers without previous experience who can be trained to put on a broad and comprehensive recreation-occupational-therapy program under professional supervision. A much larger number of patients may have some form of recreation or creative occupation under such a W.P.A. program than under the small staff of occupational therapists in the average hospital.

Almost all patients can enjoy some part of the program if it is brought directly to them and is within their normal interests.

The program should combine the experiences in group social work with those in occupational therapy in order to set a standard for normal group responses before the W.P.A. workers, the hospital employees, and the patients.

Finally, under the present economy which every hospital must enforce, the Work Projects Administration seems to be the only source from which a hospital can obtain the large number of workers needed for so extensive a program as the one outlined here.

Imagination?

DOLL PLAY IN PRE-SCHOOL AS AN AID IN UNDERSTANDING THE CHILD *

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AS is well known, an attempt is made in the pre-school, especially in nursery schools, to understand the whole child, so that guidance may be based on individual needs. To this end, observations are made of the child's behavior both in free play situations and during various routines. Medical checks are made, psychological tests are given, and conferences are held with parents. And so, rather rapidly, the school gains a fairly well-rounded picture of the child and of his family setting.

But often the school does not know how the child is reacting in affect to various aspects of that setting. A clue may come by chance as a child is painting, or while he is manipulating clay or other materials. But such clues may be clearly in evidence only after the child has been in the pre-school for one year, two years, or even more. Or such clues may not come at all, in which case the school misses out in understanding how the child himself is feeling about the members of his family and about his own reactions to them. And the school misses, too, its opportunity to adapt guidance to meet the needs that arise out of the child's feelings.

These considerations point to the desirability of finding some procedure that will more readily bring to light clues as to how the child is feeling about his father, his mother, his siblings, his relationships to them, and their relationships to one another.

Recent clinical work with problem children has been suggestive in its use of so-called "play techniques." These were adapted, as will be seen, and were tried with 46 children in the pre-school at Broadoaks School of Education, Whittier College.

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The 46 children who entered into the experiment regularly attended the nursery school and kindergarten at the college. Their ages ranged from two years and two months to five years and six months. There were 7 two-year-olds, 16 three-year-olds, 14 four-year-olds, and 9 five-year-olds. Most of them were of superior intelligence and came from superior homes. By occupation, the majority of the fathers were in either the professional or the managerial class. Unfortunately the composition of the groups did not permit of an even number of children at the various age levels, or of an even division between the sexes. There were 19 boys and 27 girls who were observed in the doll play situation.

As to procedure, each child came separately into the worker's office. On the way into the office, the worker conversed with him, telling him of some things in her room that she had for him to play with. The walk from play yard or play room to the office usually sufficed to set the child at ease, since the worker, being the director of the pre-school, was already known to him. Even though she had not served in the capacity of actual teacher, nevertheless he had seen her and talked with her on an average of two or three times a week.

Once in her office, the child was shown a box containing some dolls and some doll furniture lying on a large couch. The dolls, in each case, exactly duplicated the child's family constellation. Thus, if a child's family consisted of father, mother, older brother, baby, and himself, or of father, mother, grandmother, and himself, he would find a doll to represent each one of these persons. The dolls were of graduated size, the tallest about six inches high. They were of the flexible variety, made on a foundation of wire, so that they could easily be bent to assume various positions. The furniture consisted of a doll's bed, an armchair, and a toilet. In addition, there was a piece of cotton India print about the size of a handkerchief.

In order to adapt procedures to the usual pre-school staffing, the child was kept for only fifteen minutes. Full records were taken during this time, both of the child's behavior and of the worker's participation.

As the child entered the office, the worker kept herself

particularly sensitive to the manner in which he was reacting to a room often new to him. If he seemed at all uncomfortable, she would converse with him, perhaps show him a book, perhaps take him on her lap and hold him close until he seemed at ease. Only then would she start the doll play.

At the beginning of the play period, the worker helped the child identify the dolls as the members of his own family. Unless the child impulsively established his own lead, the first step was to identify the doll representing the child himself. The worker would say, "Look at this one. Who do you think it is?" or something to the same effect. In many instances the child gave his own name immediately. When a child did not give his own name, the worker would supply it by saying, "It looks like Robert," or "Mildred," or whatever the child's name happened to be. Usually as soon as a child had identified himself, he quickly, and of his own accord, named the other members of his family. The worker would first give him opportunity to name them for himself. Failing this, she would name them for him, and then would give him a chance to repeat back to her who each doll was.

After their identity had been established, the worker told the child that he might do whatever he liked with the dolls. She explained that she would sit and do her writing while he played.

From then on, the worker, on the whole, maintained a passive rôle. Occasionally she would encourage a child or reassure him. If a child's interest waned—as it did in only a few instances—the worker would point to the playthings and suggest, "Now you may play with them some more." If a child was awkward about bending the doll's legs in attempts to have them sit down, the worker would quietly help, so that the child would not feel frustrated by the materials.

In half the cases, the worker let the preliminary statement—that the child might do anything he liked with the materials—suffice. One of the facts that became obvious during the experiment, however, was that the children were frequently desirous of expressing aggression. Therefore, in the last half of the cases—to see if the children could be freed even more—the worker reiterated the point more forcefully by adding, during play, verbal permission of what had already

been implied—namely, that the child could even express aggression if he wished. She would say to him, "If he," pointing at the doll representing the child himself, "feels like being mean, he can be as mean as he likes. He can do what he feels like doing."

At the end of the fifteen minutes, the worker would say, "Time to stop now." If the child wanted to leave before the time was up, she would suggest, "You may play here a little while longer." But she did not press the child to continue if he persisted in his desire to leave.

Practically all the children entered freely into the play.¹ One boy, aged four years and eight months, looked askance at the dolls for a moment when he first entered. He then turned to the worker and asked, "Are they dolls or people? Because boys don't play with dolls." The worker answered, "But they do with people." Thereupon the child decided, "Yes, they are people," and started enthusiastically to play.

Feelings concerning parents and parent-child relationships were expressed freely both spatially and verbally. To illustrate how the child expresses himself spatially, let us take Jack. He is four years and one month old—the youngest of four children. In his play he repeatedly arranges the dolls representing himself and his siblings in a row with the mother doll. Always he puts himself next to the mother. He also puts the mother doll into the bed, has the other children lie near the bed, but places the doll representing himself in the bed beside the mother. Repeatedly, too, in his spatial arrangement of the dolls, he separates the father from the rest of the family. When he himself lies in bed with the mother, with the other children nearby, he puts the father off by himself in a box away from the rest. Or he stands all four children in a row with the mother on one side of the bed—himself again next to the mother—and then stands the father, not in the same row, but separated from the other family members, on the far side of the bed.

Carleton, an only child, aged five years and three months, is more verbal. He puts the mother into the bed, gently covers her, and pets her. He puts himself into the armchair close beside the bed. Then he takes the doll's toilet, places

¹ Two only were resistant.

it some distance away, puts the father on it, and says, "He has to sit on top of the toilet. The big man has to sit there. The daddy has to sit on the toilet. The boy has the chair. The mummy has the bed. . . . The father doesn't like it."

As with these two, most of the children showed feelings of greater closeness, or desire for greater closeness, with the mother and a preference for her over the father. Martha and Roberta serve as two more examples. Martha, aged two years and two months, also an only child, after dramatizing with the dolls representing the mother and herself, finally takes the father into the play. She puts him into bed with the mother, but no sooner is he in than she grabs him out angrily and throws him to the other end of the couch. Then she takes the doll representing herself and puts it into bed with the mother. A few seconds later—she herself and the mother still in bed—she takes the chair and, walking to the end of the couch where the father doll lies, bangs the chair down on top of him. Again, later, she repeats the pattern. She puts the father into bed with the mother, roughly takes him out, and puts him at the end of the couch. This time she covers him over with the empty inverted box, and then puts herself once more into bed with the mother.

Roberta, three years old, also puts herself and the mother in bed together. She has the father go to sleep on the floor outside the bed. Later she slaps the father doll, and says, "I slapped my daddy, I did." She then looks at the mother, picks her up gently, and, in answer to the worker's question as to whether she wants to slap her, too, answers, "No, not mommy. Just daddy."

Six children, in contrast to most of the others, put themselves closer to the father than to the mother. All except one of these were girls. The youngest, Lucille, aged three years, eleven months, repeatedly puts herself between the father and the mother. Then finally, she takes the father out of the bed, lays him down on the couch, and puts herself next to him, leaving the mother in bed alone. She then makes the father and herself go for a walk together. She holds them very close, has them walk up the length of the couch and back. She then lays them down again together. After a few seconds she picks up the father and starts to move him into bed with

the mother, but instead brings him back to herself. She makes them walk together again, and then once more has the father and Lucille lie down together. All of this without any verbalization.

Apparently she prefers the father, but she does not want to leave the mother out altogether—or else she desires to make amends and be forgiven for having taken the father away—for, after much play between herself and the father, she finally puts herself into bed with the neglected mother, and makes the mother put her arms around her as if hugging her.

The boy, Joe, aged four years and eight months, has a little sister of almost two. Repeatedly he puts the boy with the father and the girl with the mother. For instance, he puts the father and the mother into the bed, and then places the boy next to the father and the girl next to the mother. Or he puts the boy on the father's lap, and the girl on the mother's. Or he says, "Kay [the sister] calls mummy. Joe calls daddy."

Jean, five years and six months, also places herself next to the father and her twin sister next to the mother. She places the mother and sister in bed together, then takes the father and Jean, puts them into the box, and says, "The daddy and Jean go there." She then arranges them so that the father is seated with Jean's head in his lap.

Several children gave clues that they were feeling inter-parental conflicts. Alice, three years and three months, says, "Mother is mad." She makes the mother spank the father. "Mother fights with daddy. She fights. She fights. . . . And daddy hits her." She makes the father hit the mother. "And they fight and they fight. And then," Alice winds up with a true-to-life sequel, "they go to bed."

Teddy, three years and eight months, also makes the mother and the father fight. He makes the father spank the mother. He says of the father: "He spanks the mother. He spanks the mother and they fight." And he continues for a while to make the father and mother go through fist-fighting movements.

A few children expressed resentment over particular things that parents do. Cora's mother is the fussing and fondling sort. In her play, Cora, two years and seven months, makes

the mother doll kiss the little girl. Then, very roughly, she throws the mother aside. May, four years and six months, puts the little girl to bed; then makes the mother and the father walk away together and says, "They leave the little girl. When they come back, she will kick them. . . . Because they went away without her—that is why she kicks them. She doesn't like them to go out."

Identification with the parents could be seen frequently. The children, for one thing, would put themselves into the rôle of parent and would scold either themselves or other children in the family. For example, Marion, three years and five months, puts her older brother to bed, saying, "Tony sleeps upstairs." She then changes her voice, making it stronger and firmer: "Tony, you go right to sleep. Tony, go right to sleep. Tony, go right to sleep. Rock-a-bye baby." She covers Tony up and then says angrily, "Now be quiet!"

May, three years and eleven months, makes the doll representing herself sit on the toilet. Then she directs cross words at her which doubtless sound to her like words her mother uses, and which, perhaps, show, too, how meaningless parents' scoldings may be to their children. "Now," says May, in an angry tone of voice, "if you don't hurry up and stay there, I won't let you stay."

Generally the children's attitudes toward toileting were free. They made the various dolls go to the toilet, and spoke of eliminative processes naturally and openly. Occasionally, however, it looked as if other attitudes had been introjected. Ida, three years and nine months, insists that the toilet should not be out in the open. "It should be *in* some place," she says. "Not out. Not where people can see." Ronald, five years old, points to the toilet and laughs in a silly way. He does this several times. He then puts the toilet near the box, which he calls the house. He laughs again in a self-conscious, silly fashion, and says, "Look, the toilet is parked *outside* the house. Put a toilet *outside* of my house." A few minutes later he puts it on top of the box and almost screams, "I put the toilet on the roof." He then gleefully makes himself and his brother go to the toilet on the roof, laughing the while in a silly manner.

Margaret is two years and ten months old. Her mother is

very much concerned over Margaret's bowel movements. The term she uses to indicate a movement is "grinotty." Margaret, in her play, also puts great emphasis on having the doll representing herself achieve bowel elimination. She has the Margaret doll sit interminably on the toilet. She repeatedly takes her off, looks into the toilet, and shakes her head. Finally, however, she is satisfied. She praises Margaret for having "made a good grinotty," and points into the toilet and says, "See. A good grinotty."

One child, Cynthia, three years and five months, has a mother who is prone to put emphasis on clothes and other externals, and who is extremely meticulous. In her play the child shows that she has incorporated the mother's attitudes. She spends most of her time commenting on the clothes that the doll family wears. She compares their clothes to her own, and talks about "pretty" dresses and "new" dresses. When she looks at the toilet, she comments, "Not get icky in toilet." When she folds the piece of cotton print, she is not content, as are most children, to fold it roughly; she tries again and again to get the edges and corners exactly even.

Feelings toward siblings were frequently ambivalent or frankly aggressive. The notes on Flora's behavior illustrate well both ambivalence and aggression. Excerpts from them follow. Flora, aged two years and nine months, has a six-weeks-old baby sister. During the play she does not talk at all, but she shows spatially how she is trying at one moment to give the baby a place in the family group and at the next moment to be rid of her.

"After the worker has helped her to identify the dolls, Flora picks up the baby and places it in the bed. She puts the mother next to the baby. Lays the father down on the couch and puts Flora next to him. Takes the mother out of bed and puts her with the father on the couch. . . . Puts the baby on the toilet. Shoves her down into the toilet and tries to shut the toilet lid on her. Then takes her out rather vigorously. . . . Pulls the baby's arms and legs and then puts her in the bed and puts herself next to her.

"She then moves the mother into the bed next to herself, and the father into the bed next to the baby. After a few seconds, she takes the father out of the bed. Then takes the mother out of the bed. Takes Flora out of the bed, too, thus leaving the baby alone in the bed. Then picks up the baby and again puts her in the toilet, stuffing her vigorously in.

"Flora next puts the father and the mother back into the bed and places the doll representing herself between them. Shoves the baby into the toilet further. Tries to shut the lid of the toilet, but the baby doll is too large for it to go entirely down. Finally she takes the baby out of the toilet and puts her in bed between the mother and the father, moving Flora to the father's side.

"Next she puts Flora quickly on and off the toilet and puts her back into the bed, in between the parents, lifting the baby out as she puts herself in.

"She violently crams the baby into the toilet. Again tries vigorously to shut the lid. . . . Presses the baby further down into the toilet. Presses more. Then takes the baby out of the toilet and moves her toward the bed. Hesitates as though she were going to put her into the bed. Then finally does put her in, placing her—not lying down with the others as before—but at Flora's feet. Leaves her there for only an instant. Then she grabs the baby up and throws her into the box, which is empty and which stands at the far end of the couch. Goes back to the bed. Pets the Flora doll. Then stands and smiles down at the arrangement of Flora lying between the two parents."

Nor does Flora retrieve the baby again. She leaves her in the box, where she has got rid of her, until the end of the play.

Several others tried in similar fashion to drown a younger sibling, even using the word "drown." One boy did a bowel movement on a younger sister. One girl pressed her thumb into the face of a younger brother and screwed it vigorously around and around, "pushing in his eyes." Several banished the sibling from the remainder of the family. The notes on Druanne, aged four years and four months, will serve to illustrate this last type of behavior. They further illustrate the different feelings a child can have toward its various siblings. Druanne has an older sister, Vivian, seven years old. She also has a younger brother, Buster, two years old.

"During her play she puts the two girls into bed with the mother. She says, 'Two little girls go to sleep with the mother. . . . I sleep right here,' moving the doll representing herself very close to the mother. 'One girl on each side.'

"She then takes up Buster and puts him at the bottom of the office couch, as far away as possible, on top of a couch pillow. Goes back to the bed, and says, 'They are sleeping. The two little girls with their mother.'"

She goes on to dramatizations of Christmas. There is a Christmas dinner. All are present except the brother, who is left on the pillow to which he has been relegated. At the end

of the play, she again puts the family to bed—father, mother, and the two girls. And she chants as she arranges the girls:

“Two little children go to bed.
Two little children,
Two little children
Have to go to bed.
Two little children.”

It is just as if the brother had been successfully eliminated from the family.

In connection with sibling relationships, it is interesting to note that of the ten children who had a younger sibling, not a single one failed to express aggression toward it. In contrast to this, of the thirteen who had older siblings, only four expressed aggression.

The expression of aggression¹ toward various family members was, all in all, frequent. Even grandmothers were not immune. For instance, Tom, aged four years and three months, devotes most of his play to the mother and the maternal-grandmother dolls. During his play, not only his feeling concerning the relationship of the two women to each other appears, but also his hostility to the grandmother. He makes the two take sun baths. The mother doll tells the grandmother to lie on her back; whereupon the grandmother lies instead on her stomach. The grandmother tells the mother to lie on her stomach, and the mother promptly lies on her back. Tom then places the grandmother on the chair and says, “Grandmother sits down on a chair and gets tired and says, ‘My God!’ and jumps into mother’s bed. . . . She takes mother’s bed. She plays a trick on her.”

He then gets a pillow from the couch and puts it on top of the grandmother in bed. With vigor he piles another pillow, and still two more, on top of the grandmother. He says, “The pillows cover grandmother up! They cover her all, all up! All up! All up!” Then he puts the chair on top of the topmost pillow. And then he picks up the little boy and sits him on the chair. The arrangement is complete. Buried under all the pillows, lies the grandmother, and on top of her, he himself sits. Then he presses the pillows down rather viciously and says, “There!” with evident satisfac-

¹ The various aspects of aggression, as seen in this series of play episodes, are being reported in detail in a forthcoming issue of the *American Journal of Orthopsychiatry*.

tion. After this he plays with other members of the family. But later, at the very end, he looks again at the buried lady, and with apparent relish says, "And grandmother is still under the pillows."

Most of the children who had grandparents living in the home expressed some degree of hostility toward them. In contrast, one child, of four years and eight months, showed greater attachment to the maternal grandmother than to the mother, and brought up a great many questions concerning various aspects of the family relationships in the minds of the staff members who saw the records. In this case the grandmother was put by the child into a maternal rôle and the mother treated more like a sibling. It was the grandmother who loved the children, put them to bed, lay in bed with them, put them on the toilet, and so on. Whereas the mother merely sat by at the grandmother's feet and watched.

Frequently a child showed how he felt about his own place in the family picture. Marion, aged three years and three months, a tiny cherub of a child, adored by her family, shows that she fully appreciates the fact of their adoration. Over and over again in her play she placed herself in the armchair and arranged father, mother, and older brother in a semi-circle seated at her feet. Ruth, four years old, an only child and greatly babied, showed that she still felt herself very much of a baby, continuously referring to herself as "baby" in her play. One child's sole contact with father or mother is when they read to her. Another's contact with the father consists altogether in rough-housing and doing stunts.

With May, aged three years and eleven months, the relationship of each member of the family to every other member is concisely depicted, with May herself neatly fitted in. She arranges the dolls in a row, first the father, then the grandmother, then the mother, and then herself. While doing this, she chants:

"May loves mother,
Mother loves gran,
And gran loves daddy.
May loves mother,
Mother loves gran,
And gran loves daddy.
May loves mother best.
Mother loves gran best.
And gran loves daddy."

A miscellany of side lights on family members came in incidentally as the children played. One child turned, for instance, from her play and said to the worker, "My daddy went with us when we went here," apparently referring to the day she was registered, "but he didn't have a shave, so he wouldn't come in. He didn't want to look like that." Another child makes the mother doll complain about all the housework she has to do. Another cautions the child doll to be careful about breaking things.

Servants were not included as part of the family composition. One child, however, asked for a doll to represent the maid in his home. This child's mother had died at his birth. He apparently wanted the maid as a mother substitute, but showed his dissatisfaction with her by "burning her up in a stove" during his play.

In conclusion, it should be said that many of the significant expressions of feeling would probably not have come had the worker's relationship with the child been different. No doubt the feeling quality of the worker had an indefinable, yet dynamic part in freeing the child to express himself openly. Into this feeling quality went a willingness and an ability to accept the child's emotions without ethical or moral judgment or condemnation.

The doll play in general brought in more direct expression of feelings concerning the family than did any other single situation or activity in the pre-school. It yielded clues as to the feelings of the majority of children with whom it was used. When further developed, it should, therefore, prove useful with pre-school children as a short-cut to understanding their emotional adjustments and needs.

OPPORTUNITIES IN A PROGRAM OF EDUCATION FOR MARRIAGE AND FAMILY LIFE *

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THIS paper is an attempt to point out some of the opportunities that education offers for meeting the interests and needs of young people with regard to marriage and family life, in the hope of fostering discussion and further exploration.

At the outset we should recognize certain of the objections and criticisms from various sources frequently raised against efforts in this direction. Some of them merit more thoughtful consideration than may be accorded by those who are enthusiastically entering this field. Let us review them briefly.

One question that is raised not only by outside critics, but by those who are actively developing these courses, is whether we know enough—especially whether we have sufficient scientific knowledge—about marriage and family life to organize an adequate and valid educational program. This question implies that only scientifically derived knowledge about existing marriages and families can be used in an educational program, although it would appear that the major interests and the specific questions that are brought to these courses by students are predominantly concerned with values and ethics and feelings. Perhaps the aspirations and expectations of men and women are of more significance than we have realized.

Another question that has been raised is whether we can teach anything really significant about an experience such as marriage or family life before individuals have lived that experience. Dr. James S. Plant has emphasized the point, which the present writer and others have also stressed, that

* Presented at a meeting of the American Sociological Society, Philadelphia, December 27, 1939.

the best preparation for marriage is learning to meet the immediate human relationships of the student in high school and college, rather than any precocious coaching in marital adjustments.¹ To this question whether courses can teach anything of value, there will be widely differing replies, reflecting not only different experiences, but also differing aims and criteria of accomplishment. It is evident that some courses and programs are influencing the thinking and conduct of students more than others, but it is not easy to discover whether this is due to the content, to the manner or method of presentation, or to the personality of the teacher.

From another angle the comment is being made that marriage and family life are so inextricably associated with, and dependent upon, social-economic conditions that many, if not all, of the difficulties and perplexities in marriage to-day are but symptoms of the social situation, more specifically of unemployment, inadequate family income, poor and insufficient housing, inadequate nutrition, ill health, and many other aspects of life that lie beyond the individual's control. This comment is frequently made, with the implication that if only our social-economic conditions were improved, the problems of marriage and family life would largely disappear. While recognizing the urgent necessity of more favorable social-economic conditions for marriage and family life, it is difficult to accept this implication because one sees so many disastrous marriages and so many undesirable family situations among those who enjoy the maximum of social and economic advantages and privileges.

Still another objection to educational programs in this area is expressed by those who remind us that warped, stunted, and distorted personalities, torn by emotional conflicts and burdened by infantilisms, find it impossible to establish sustained human relationships in any phase of life and especially in the intimacy of marriage. Therefore, courses or educational procedures will be useless, since only through intensive

¹ See "Present Problems in Marriage Counseling," by James S. Plant (MENTAL HYGIENE, Vol. 23, pp. 353-62, July, 1939). See also two papers by the present author, "Some Aspects of Education for Home and Family Life" (JOURNAL OF HOME ECONOMICS, Vol. 23, pp. 213-22, March, 1931) and "Preparation for Marriage in the High School Program" (LIVING, Vol. 1, pp. 9-12, January, 1939).

individual therapy can one hope to bring about improvement in such personalities and thus relieve the present conflicts and disturbances of family life. It would be idle to disregard or to dispute this point of view, since we must recognize how much marriage and family life are at the mercy of the distorted personalities of men and women, and how difficult it is even for the most expert psychotherapist to deal adequately with such individuals.

While recognizing these criticisms and objections and according full weight to their significance, we still must ask what educational agencies can do to meet the growing demands from youth for help and guidance in regard to marriage and family life. We should make the question very specific, asking ourselves what can be done through *education* as distinct from individual counseling, guidance, or therapy, for which there are an insufficient number of competent, adequately prepared specialists.

One way of answering this question is by trying to indicate more clearly the areas in which educational programs can both wisely and effectively undertake to meet the interests and needs of young people who are seeking help of this kind. Such a proposal might proceed upon the assumption that for marriage and for family life, as in many other aspects of living, there is a body of traditional ideas, beliefs, and practices to which individuals look for guidance in their attempts to direct their lives. In this we may find support from various studies of marriage, notably the recent volume by Burgess and Cottrell, which stresses the importance of this cultural background.¹

Young people receive instruction in these traditional ideas and practices from various sources, including not only their own families, churches, youth organizations, and so on, but also schools and colleges, the radio, motion pictures, novels and short stories, and the theater, to say nothing of the incessant pressures of commercial advertisements. If, therefore, we could focus upon some of the aspects of life in which these various agencies are most actively influencing both the ideas and the conduct of young people, it would

¹ See *Predicting Success or Failure in Marriage*, by Ernest W. Burgess and Leonard S. Cottrell, Jr. New York: Prentice-Hall, 1939.

seem that an educational program designed to clarify those aspects would be not only socially justified, but individually helpful. What, then, are some of the fields in which educational programs designed to prepare young people for marriage and family life might wisely and effectively operate, and what are some of the more important questions that need to be examined? A few concrete suggestions are offered for discussion, with the hope of illustrating a point of view and a way of approach to the many other important aspects and questions not discussed in this paper.

Home Management.—Here we have one important phase of family life for which the individual has a varied educational preparation. Out of his or her own family background will be derived certain traditions and patterns and ideals of home life and its management. To this will be added the innumerable teachings that come from diverse sources—motion-picture presentations of homes and standards of living, fictional presentations in stories and novels, and the efforts of advertisers, by all manner of suggestion or threat of social disgrace, to cajole or intimidate people into accepting their gadgets, goods, and services as indispensable to decent home life. Then, too, both in elementary schools and high schools and in colleges there are specific courses in home management and related activities. What is the relation of these sources to programs of education for marriage and family life? Here there is need for more discussion and exploration of what is being offered, with a clearer recognition of the larger implications of this topic.

Home-making and family life have been intimately associated for so long that only recently, with the progressive transfer of home-making functions to industry and social agencies, have we begun to see more clearly what the family involves and to realize how much the pattern of family life has been dominated by household duties and functions. Thus to-day we are in a better position than ever before to ask: What is the function of the family as distinct from the services that have been performed in the home; and how far can we conceive of home-making in terms of desirable family life, rather than of family life as a by-product of housekeeping?

We see how the progressive transfer of home-making functions to industry or multi-dwelling organizations and other extramural agencies, instead of reducing the family's significance, as some students have suggested, is revealing the fundamental cultural functions of the family, in terms of which future home-making must be conceived. Moreover, as social life and activities are progressively organized and standardized, in response to the inevitable requirements of technology, the family emerges as the only form of association in which *individuality* may find opportunity to develop and function without interfering with necessary social processes and regulations.

As it is progressively freed from the coercion of laborious, never-ending tasks of housekeeping, the family can begin to accept this opportunity and to meet the challenge to create a decent, more humanly desirable society, through the rearing of wholesome, sane, and coöperatively minded personalities who alone can develop the good society.

For such a future, home management faces the need for a reorientation. It is evident that home management is not merely a question of skills and standardized equipment, important as they are for the conservation of human energy and time, but is rather a way of life, for which the home-maker needs clarification of aims and purposes, aspirations, and values, and a faith in the supreme importance of the human relations that alone give the home social justification. Instead, therefore, of the usual preoccupation with the efficient performance of specialized tasks, each aspect of home-making may be conceived and planned in relation to the larger enterprise of family living, its meaning for individual personality development and fulfillment, and its opportunities for the enduring human values sought in the family.

Against the barrage of advertising and propaganda for more elaborate, more complicated, and more expensive housekeeping, educational programs might plead for simplicity and as much leisure as possible to enjoy living, helping home-makers to find the courage for living that is so sadly needed to-day—the courage to choose a design for living that one truly wants and to say no to the commercial and social pressures that are so insistent and disintegrating. R. S.

Lynd has emphasized this point and shown the results of those pressures in family living.¹

There is not much help at present available for men and women in clarifying their needs and aspirations so that these may become capable of realization in the family and the home, wherein new rôles for both men and women are required. As women are sharing with men in the world's work outside the home, men must learn to share in home-making and child-rearing, not as chores, but as occasions for intimacy, for the giving and receiving of affection, and for enjoyment of life together. Here we may recognize that too great insistence upon routine and job performance according to specifications may destroy the relationships that home-making should be instrumental in furthering.

To summarize, then, the problems of home management have to do with ways of meeting the fundamental, persistent needs of human beings, using our rapidly changing tools, equipment, and technics to foster the human relationships in the family. While adult education, magazines, journals, and radio programs provide channels for influencing home-makers, the most effective opportunities for modifying the practices of home management are to be found in the schools and colleges, where young people who are to be home-makers can be helped to discover, not merely efficient practices and skills, but, more important, ideas and concepts and values which they will carry into their adult lives and attempt to realize as members of families and as parents of children. So far as the teachers of home-making can and will see home-making in terms of the family, and, along with other departments and specialists, make their contribution to a broader program of education for home and family living, their work will become increasingly significant and influential. Here, as perhaps in no other aspect of human life, it may be said that the means determine the ends; consequently no household practice or skill, however mechanical or objective it may seem, can be taught apart from the human relationships in the home in which that skill is to be exercised.

¹ See *Middletown*, by Robert S. Lynd and Helen Merrill Lynd (New York: Harcourt, Brace, and Company, 1929) and *Middletown in Transition*, by the same authors (New York: Harcourt, Brace, and Company, 1937).

Family Life.—One outstanding aspect of family life to-day is the amazing variety and diversity of what are called families. While we continue to discuss the family as if there were some definite organization or specific pattern, we know that men and women are living under the most varied arrangements and relationships, all of which are regarded as families. This diversity reflects not only the many and often conflicting traditions and ideals of our heterogenous population, but also the demands, stresses and strains, and limitations imposed by geographical situations, housing, economic resources, requirements of jobs (*e.g.*, night work and transportation work) and all the other circumstances and conditions to which people must accommodate themselves. Just as family life has been a by-product of housekeeping and earlier still of handicraft and home industries, so also we may say that family life to-day is a marginal interest and activity, carried on with whatever time, energy, and resources are left over after meeting these other demands. The family is expected to make all the adjustments and concessions necessary to permit all other agencies, institutions, and organizations to operate. If this statement appears unfounded, I suggest that the reader look carefully for the exceptions and report his findings publicly.

Looked at in this light, any serious educational attempt to prepare men and women for family life might be regarded as a subversive movement designed to undermine, if not to overthrow, most of our cherished social, economic, and political arrangements, which either ignore the family or obstruct and damage it. This suggests, however, that an educational program might begin by examining family life to determine the various impediments and handicaps and threats to its functioning. Here it should be remarked that such a scrutiny cannot be limited to the wage-earning family on the margin of subsistence or on relief; it must also consider what economic, political, professional, and social success involves for family life.

This line of inquiry will lead us to a consideration of the designs for family living that are to-day available and the price that must be paid by those who choose each of them, calculating all the various financial and non-financial costs involved. This is especially important now that we

are providing vocational guidance, which is concerned with the availability of jobs and the capabilities of students, but which ignores the question what kind of family life each vocation and profession may entail.

To enter upon such an assessment of the various designs for family living is to make explicit to young people that in this present situation of social confusion, conflict, and widespread perplexity, the opportunity is offered to create new and possibly more desirable patterns of family life. While we recognize that all our lives are contingent and precarious to-day, that very state of affairs makes it not only possible, but necessary for us to examine, weigh, and evaluate the alternatives open to us.

An educational program that attempted to make young people aware of these issues and that offered help in making these evaluations, might be of great aid to young men and women who are groping about, under pressures and compulsions, unable to find any helpful illumination upon the exigent choices they must make. But however excellent the content of such a course, it will be addressed to individuals who have come from homes and families, with traditions and loyalties and expectations that must inevitably create conflicts and anxieties. Here, again, we must remind ourselves that there may be many designs for family life, just as there are many different temperaments, personalities, and aspirations. It may be more important and more helpful, therefore, to aid students to discover the incongruities and disharmonies in *their* family designs than to urge any specific programs or changes.

Finally, as Dr. Plant has reminded us,¹ we may be helpful in this field by communicating an attitude of faith and courage toward family life, as "that which is sought" in human relations and therefore rather an issue of aspirations and values than of knowledge and skills and sanctions. This reminder is timely because of the emphasis put upon objectivity and scientific methods in an area of living in which the individual man and woman are seeking "some one who understands," some one who can and will offer something more than an objective, detached relationship. This does not mean that

¹ *Op. cit.*

scientific studies of marriage and family life are not desirable, but that for family life one needs faith and hope, the capacity to see in the mate what he or she would like to be, and, with love, affection, and reassurance, may later become, just because those aspirations have been recognized and fostered. As I have elsewhere suggested, in family life we are called upon, not to face reality, but to create reality.¹

Marriage and Sex.—Of all the questions upon which young people are seeking guidance and help, this is perhaps the most strongly charged with emotion. It is also the area in which we are discovering that the ideas, beliefs, and conduct of an individual are colored by his personality, his life history, and his experience of sex expression or repression; also that teachings about sex and marriage reflect not only the personality, but the professional bias of the teacher, be he physician, psychiatrist, urologist, obstetrician, psychologist, minister, or priest. Our sex ethics and teachings about marriage, therefore, have been warped and often distorted by these professional preoccupations and the personal obsessions and conflicts of men who are almost exclusively the source of these teachings. We have only a few, fairly recent, statements by women on these questions.

It is, therefore, very difficult to discover what can and should be done educationally in this field, yet students are demanding some enlightenment and a clearer understanding of what marriage and sex relations require and offer. That they are asking questions and demanding help is evidence that they will not, or cannot, accept the traditional beliefs and teachings that are offered by their own families or by other teachers. It is also evidence that they realize, even though they cannot often formulate it, that, as individual men and women, they need patterns and sanctions for their lives. This is significant because so many movements for "sex reform" have sought what is called "sex freedom," in tragic ignorance that neither man nor woman can tolerate "sex freedom," as every experienced psychiatrist will testify.

Men and women, as participants in Western-European culture, cannot function on a purely physiological or genital level, because as personalities they want sex relations and

¹ See "'Facing Reality' in Family Life," by the present author. *MENTAL HYGIENE*, Vol. 21, pp. 224-30, April, 1937.

expressions to be meaningful, to fulfill their aspirations, their emotional needs and values. The traditional ideas and beliefs about marriage and sex were derived from, and sanctioned by, the basic conceptions and beliefs upon which Western-European culture was organized. With the progressive superseding of these older concepts and beliefs by more recent conceptions of the universe, of man's place in the cosmos, of his origin and nature, especially his mammalian ancestry, many of these older beliefs, and the patterns of sex conduct derived therefrom, have lost their cogency and acceptability. They no longer are meaningful or enjoy the sanctions of earlier days.

This has brought us into a perplexing situation. We cannot, or will not, accept the traditional teachings about marriage and sex, not only because they have lost their older meaning and justification, but because they offend our new sensibilities, our enhanced sense of human dignity, and our recognition of woman as a personality. The older views of marriage and sex were of masculine origin and assigned woman to the degraded rôle of a passive sex object to be used by the exigent male.

With the emergence of woman as a personality, the recognition of her inviolability even in marriage, and the growing social acceptance of her new human right, the control over her own fertility, the necessity for creating new patterns for marriage and for sex relations has become imperative. Instead, therefore, of interpreting the interest of youth in these questions as a sign of moral decay and ethical regression, we should rather regard it as an aspiration toward a better sex ethics, more consonant with human dignity and human values than the survivals from the past.

An educational program that accepts the responsibility of offering enlightenment and understanding to youth with respect to marriage and sex must face a complicated situation, since students will come with different backgrounds and interests and perplexities, and for any one of them a course of lectures or program of discussion will be only partially appropriate. It is especially important, then, to avoid any enlightenment that is not desired and to refrain from urging our own, often newly attained convictions. It would appear wiser to avoid any specific advice or instruction, and

to focus lectures and discussions upon the basic issues of the human relationships and human values involved, so that every student may participate and gain something from the course, without overt conflict over his family, church, and community beliefs and standards.

There are certain definite points upon which discussion may be centered in which students are especially eager for better understanding. And here it should be emphasized that it is understanding, awareness, insights, and sensibilities that are important, not just facts and techniques. Knowledge, especially scientifically valid knowledge, is needed and will be helpful, but in marriage and sex relations, as in all human relationships, knowledge and skills are subordinate to understanding and insights. Thus most courses in sex hygiene are disappointing to students, who are unable to find light upon their perplexities over what one does with sex, when they are taught only the processes of procreation. Sex education is too biological for those who are seeking understanding of the emotional and personal aspects of sex. There is a large and neglected opportunity for exploration into the fundamental differences between the mating of man and that of all other mammals (except some of the primates), to reveal the differences between sex relations for breeding, restricted to the periodic periods of rut or heat in the female when she is receptive and fertile, and the human attempt to transform sex into a love relationship, of affection, intimacy, and mutuality, that demands sincerity and respect for the integrity of the mate.¹ This might further illuminate and guide the growing aspirations of young people toward a recognition of emotional responsibilities and opportunities in place of the so-called conjugal rights that affront their sensibilities.

Thus the inextricable relationship between personality and sex should be discussed, because of widespread belief that sex somehow is physical while personality is psychological or emotional. If we begin to think of sex as a mode of expression and communication—"another language," as Dr. Plant has suggested—then perhaps it may be easier to

¹ See *Reason and Emotion*, by John MacMurray. New York: D. Appleton-Century Company, 1937.

realize that no sustained sex relationship is possible except in so far as two personalities have something to say and to give to each other. This, then, might serve to illuminate the basic ethical question how sex relations may become altruistic instead of exploitative and often degrading, as traditionally conceived.

Supplementary to this is a recognition of the bisexuality of every individual. There are few, if any, purely male or purely female individuals, since each man and woman has some of the characteristics of the other sex and shares the same hormones. Thus the official sex of an individual carries no indication of his or her balance of sexuality. Moreover, there are no official sex rôles to be achieved as standards of maleness or femaleness, since individual sex needs, capacities, and susceptibilities vary widely. Polarity, not a fictitious normality, seems to be the basic need in marriage. Furthermore, there appears to be a process of sex maturation through which men and women must pass, at different rates of progress, before they can achieve adult sexuality. What they have experienced or been denied in childhood and youth is often crucial to their later lives, so that failure to receive and to give love and affection in early life, or to accept their genital structures and functions, may preclude adult sex expression in maturity.

These, as most of you will recognize, are fairly well established observations and points of view. I mention them here to indicate what an educational program might attempt in the way of helping young people in this difficult field. To this may be added the further suggestion that students might be greatly helped if they were to gain some understanding of female functioning, of female variability from day to day during the menstrual cycle, and the accompanying changes in mood, interests, irritability, and susceptibility. To-day, for the first time, women can learn how they function and can gain some understanding and respect for their own physiological processes.¹

Masculine and Feminine Rôles and Male and Female Rôles.—Every society offers, by way of guidance, if not of compulsion, socially defined rôles which boys and girls, youths

¹ See *Life and Growth*, by Alice V. Keliher. New York: D. Appleton-Century Company, 1938.

and maidens are expected to adopt as the patterns of action, speech, belief, and feelings approved for their official sex. Yet it is evident that the historic traditions of masculinity and femininity, of maleness and femaleness, are becoming ever more confused, conflicting, and frustrating to those who are attempting to conform to their prescriptions. Here, then, is an area for educational exploration of great significance, because it offers so many possibilities for fruitful exploration and for the discussion of topics that are both of immediate concern for students and of great import for their later marriage and family life.

If we realized the frequency of anxiety over these rôles and the possibility of releasing the individual from such anxiety, and of freeing our society from its many disguised expressions, we might pursue these explorations more earnestly. The task presented here is to examine the many traditional prescriptions for the male and the female and for the masculine and feminine rôles, their implications and consequences, their congruity with the contemporary climate of opinion and social situation, and the necessity for their continuance. As in the case of the family traditions, so here, too, we are beginning to realize how much of human distortion and defeat arises from loyalty to traditions that, whatever their earlier purpose and sanction, are now frustrating human needs and aspirations.

If we wish to translate our democratic faith and values into practice, nowhere is there a more fruitful field than that of rôles, since here we face the issue of recognizing and fostering the individuality which so often is distorted and sacrificed to these rigid prescriptions that young people feel compelled to follow, however incongruous with their temperaments, their bisexuality, and their personality needs.

This question may be made highly specific in terms not only of the various rôles to which the boy or the girl aspires, but of the rôles each attempts to impose upon others. If, as we are learning, intolerance and attempted domination of others arise from the individual's inability to accept himself, we may find some clues to the many conflicts in human relations by pursuing this topic and helping students to gain some awareness of what is involved. One way of dramatizing such discussions is to ask how many persons are involved

in a marriage, and to point out that there are not two, but perhaps eight or ten, since the man will be attempting to fulfill his conception of the rôle of male, of husband, of father, and also the rôles that his wife holds up for his emulation, while she in turn will be engaged in attempting to play all the rôles that she cherishes and those that her husband is trying to impose upon her. The frequent discrepancy between these various rôles is another focus for discussions that may help to free young people.

It is to be noted that there is a widespread starvation in the midst of plenty, of men and women acutely hungry for intimacy, love, and affection, but unable to give or to receive them, even in marriage, because of their own personality limitations and also because of these coercive rôles which they are striving to fulfill.

Children and Their Rearing.—With the growing practice of planned pregnancy, child-bearing has become an occasion for making an affirmation about life and human values. What are the major questions that a man and a woman must face before they can make such an affirmation? If the humanities are to fulfill their chosen rôle in education, here is a focus for their courses in which the student might, from readings and discussions, gain some orientation as to the various goals and values of the past and the new sensibilities and aspirations of to-day. Surely literature, the drama, poetry, and the novels of yesterday and of to-day, have a larger, more vital significance than that of material for training in the apparatus of scholarship. If the courses in the humanities cannot minister to the perplexities of youth, who, in the educational world, will utilize literature and the arts as resources for insights, understandings, awarenesses, the direction of sympathies and feelings, of which young people are so desperately in need to-day?¹

Likewise the question may be raised how young people can gain a clearer realization of what child-rearing involves, so that they may understand that child nurture and education are the processes through which culture is transmitted and

¹ See *Literature as Exploration*, by Louise Rosenblatt (for the Commission on Human Relations. New York: D. Appleton-Century Company, 1938). See also *Thicker Than Water*, by W. R. Wunsch and E. Albers (for the Commission on Human Relations. New York: D. Appleton-Century Company, 1939).

social life perpetuated, and hence that any significant change in the quality and direction of our group life must wait for the family to make the necessary changes in child care and socialization. Thus an educational program could wisely attempt to bring about some realization of the family as the primary cultural agent¹ and an awareness of the ways in which the prevailing methods of acculturation and of socialization of the child operate. It has, for example, been found that students who make a detailed study of the life history of a nursery-school child often gain a real understanding of these processes, and, more important, some insight into their own personality make-up and trends.

It is neither necessary nor desirable that high-school and college students be taught the specific techniques of child care, but they should be given some understanding as to how personality development takes place in the family setting and some awareness of the newer conceptions of human nature and conduct. It is indeed pathetic to see how students eagerly enter courses in psychology, hoping to gain some understanding of human conduct, and come away baffled and frustrated by their experience of such courses. If psychology cannot meet these needs for understanding and insight, because it is preoccupied with other questions, what can be done in schools and colleges to provide educational experiences that will be relevant to the students' interests and perplexities?² So much time and energy is expended by psychotherapists, by counselors and others, when confronted by unhappy and bewildered individuals, in trying to communicate a few basic insights into human nature and conduct that should have been given to those individuals in school and college.

CONCLUSION

There are numerous other topics that should be included in this presentation, if time and space permitted. Enough has been said, however, to indicate some of the areas in which educational programs might be helpful, indeed are now

¹ See the present author's paper, "The Family as Cultural Agent" (*Living*, Vol. 2, pp. 16-19, February, 1940). See also his article, "The Fundamental Needs of the Child" (*MENTAL HYGIENE*, Vol. 22, pp. 353-79, July, 1938).

² See the Human Relations Series of Films, issued by the Commission on Human Relations, New York City.

in operation, and to suggest a point of view that might be considered for further steps. A few major questions of policy and intent have been touched upon which may be summarized and reemphasized:

1. There are great opportunities in the exploration and discussion of the traditional ideas, concepts, and patterns of conduct which enter into all human relations, including marriage, and which are involved in the preliminary thinking and acting of young people before marriage.

2. Schools and colleges should not try to teach specific, concrete programs, but should rather attempt to illuminate questions and areas of concern for young people, recognizing that individuals differ in temperament, personality, background, and loyalties. Therefore the task is to raise questions and to examine concepts and beliefs, their traditional sources and sanctions, and above all, their consequences for human life and values, so that each individual may gain some understanding, may learn something of relevance to his or her own personal life.

3. While specific *ad hoc* courses may be necessary and desirable, it is evident that what is already being taught in other courses and departments bears upon the basic issues in these areas. Hence it will be desirable and more effective if all relevant departments and courses could recognize this and contribute to the larger program by focusing their materials and procedures upon the concepts and understandings that each can appropriately handle. It is probable that a critical scrutiny of the courses in most schools and colleges would reveal conflicting, contradictory teachings on these major topics, thus creating further perplexities and anxieties in the students who are seeking some way of building a design for living.

4. Finally it is appropriate to point out that in undertaking an educational program for marriage and family life, schools and colleges are embarking upon a new and unprecedented task—the task of interrupting the continuity of those cultural traditions which are now being shown to be inimical to the aspirations and values of men and women, who are seeking in marriage and in family life to build human relationship less defeating and destructive than those of their elders. In attempting this unprecedented educational enter-

prise, it is also to be remembered that these programs are to be assessed, not in terms of the usual examinations, tests, and academic achievements, but by the subsequent lives of the students and the direction they give to our society and our culture.

What we to-day are calling education for marriage and family life may, in the years to come, be recognized as the first steps toward a reorganization of our culture, something of far greater significance than all the contemporary political movements, programs, and conflicts that now engross our attention.

THE RÔLE OF MENTAL HYGIENE IN THE COLLEGE

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MOST of us still associate the term "mental hygiene" with highly skilled treatment of the seriously mal-adjusted individual, and schools often hesitate to employ a mental hygienist for fear that he will immediately produce a clinic and persuade us to suspect ourselves of neuroses. There has been some justification for this reluctance on the part of the school, but in all common sense we ought to move on now to a release of the resources of mental hygiene for broader uses. Preventive work in the field of personality difficulties and group treatment of personal inadequacies, as well as the infusion of new insight into all the teaching and administrative activities of the school, are stimulating possibilities. Educators are right these days in insisting that a mental hygienist in a college should be concerned with decreasing the necessity for individual counseling on a large scale and with increasing the skill with which all the teachers and administrators serve personality needs.

But to follow the implications of this wholesome conviction is going to require more readiness for change than some schools have realized. Just what such an aim means in terms of a practical program needs, therefore, to be clarified. Since each mental hygienist thus employed has to have his own approach, adapting it to the conditions and needs of a particular school, a commentator is probably justified in presenting his own personal approach toward the customary school problems.

Faculty members are of many types. Some abhor any discussion of personal problems with a student or with a class because they prefer to keep all conversation objective. A few teachers in almost every school, frustrated by certain personal experiences, are too ready to press convincingly upon students their own cynical or bitter philosophy. Others have acquired a mellow understanding of human relationships,

and out of a sincere appreciation of student quandaries, profitably share their wisdom with youth. Probably the largest number of faculty members are men and women with a readiness to help students in any possible way, but with little or no understanding of the causes of the students' various personality difficulties and intellectual traffic jams. Experience plus training has taught some of us how easily even practical advice, without such insight into causes, can complicate a particular problem for a distraught boy or girl.

One of the possibilities in a college program in mental hygiene lies in the faculty members' preparing themselves for more effective relationships with students by meeting together regularly for discussion of case studies, books, campus conditions, and counseling principles. Guarding the confidence of a student or even guarding the facts about him from becoming general information, these staff members can greatly increase their individual insights and skills in relation to student problems. The presence of a well-trained mental hygienist in the group prevents both the misinterpretation of symptomatic behavior and the habit of easy generalizations about personalities which developed during the pre-scientific years in this field. Students, without being aware of such faculty study, soon find it more profitable to discuss their problems with their favorite professors and to get the kind of help that gradually develops their intelligent self-reliance.

Faculty growth in the understanding of personality concomitants inevitably affects classroom work and assignments. Not that an adequate understanding of personality development and individual temperaments makes professors indulgent, as many fear. On the contrary. The students' need for self-mastery and for enlarged horizons probably involves more rather than less work on the part of the faculty. But with an understanding of adolescence and of individual patterns of behavior, professors are more likely to encourage discussion, to make functional assignments, and to promote group exploration of challenging interests in the field of work. In many fields, but particularly in those of literature, the social sciences, and philosophy, a mental-hygiene point of view gives to students, in this complex, bewildering world of to-day, a means of approach to their own interpretations and life purposes not found in their textbooks.

Moreover, with increased insights into personality on the part of the faculty, administrative dealings with students are vastly improved, so far as faculty recommendations can affect the school's administrative activities. No longer is expulsion considered the solution of a problem either for the departing student or for those whom he leaves behind him. No longer are penalties and reproofs used in an attempt to stem the tide of some custom that brings satisfaction to students. Even the "crazy" actions of students reveal, far underneath perhaps, a hunger for some justifiable experience of which they have been deprived. The infusion of mental-hygiene insight into college administration is likely to clear up a large percentage of disciplinary incidents so wholesomely that their repetition will be improbable. Also, the mental-hygiene program can be made broadly preventive by introducing new aspects of student experience, so satisfactory to certain personality needs that outbursts and failures will become unnecessary. Until some scientifically minded college keeps records of a before-and-after variety, we shall not realize how much promise such an effort holds.

Adolescents of college age, however, are deserving of a more direct approach. They can assimilate a great deal of guidance in understanding themselves. At their age, they must begin to be conscious of the cause-effect sequences in their own behavior and that of others if they are ever to become maturely self-managing. If we are careful to develop insights rather than mere verbalizations, which is the danger in any direct approach, much can be done with groups. The poor economy of depending entirely on individual counseling is an important factor to be considered here. Moreover, we must recognize that the individual-counseling program neglects a large proportion of students who will never be involved in serious difficulties and those who would not turn to a counselor if they were involved in difficulty, but who operate below par because they do not understand the forces that account for particular behavior. In fact, contributing to the more effective functioning of this quite normal group is of as much social value as aiding more distressed persons.

A required orientation course for freshmen and an elective one for seniors will serve the student body as lubrication does an engine. Such courses, obviously, should be taught by one

who is trained to handle personalities with delicacy and skill. We can no longer think of such courses as belonging specifically to any one department, for the integration of a person calls not only upon psychology, but also upon sociology, history, and philosophy. The instructor may wisely introduce the students to the personal philosophies of some of the faculty members by asking the latter to contribute informally to the group. The experience of such an orientation course ought to leave with a student some of the most charming, satisfying, and challenging hours of his college years.

Out of an orientation course the demand for a certain amount of individual counseling is bound to arise. A large number of students get what they need from one conference; a smaller number will need a series of appointments. The counselor can also accept this or that student sent in by other faculty members who have talked with the student in question, but have found his problem more deep-seated than they are prepared to handle. A few of these students will need to be referred to a skilled psychiatrist, but many can be helped by the counselor, especially if he has been trained in psychiatric counseling. On the basis of this experience, the counselor is often able to make recommendations to professors and to the administration that help to pull the student through a slough of despondency and set him on solid ground.

It seems a safe assumption that such a pervasive approach to mental hygiene in a school may ultimately affect inter-faculty relationships. Faculties are as likely as ladies' aid societies to get locked into tight feuds, harassed by bitter competition, and entangled in unexplained misunderstandings, for the simple reason that all of the current generation grew up with little knowledge of emotions. A great deal more progress will take place when we are able to use the insight of mental hygiene to release ourselves from these frustrating experiences. Perhaps we shall first stumble upon solutions to faculty problems as we try to interpret to students their own group tangles and to guide them out of the disillusionments of their involvements in campus politics into more wholesome practices and more intelligent procedures.

This technique of diagnosing group behavior by the same basic principles that are involved in the diagnosis of indi-

vidual behavior is comparatively new. Student resistances to school administrators, to religion, to student government have each a traceable pattern and history. Helping the members of the group to recognize the various strands of emotional causation in each troublesome situation, and to untangle the strands by remedial treatment of each separate one, is one of the fascinating pioneer tasks of a campus mental hygienist to-day.

THE TEACHER AS A GENERAL PRACTITIONER IN MENTAL HYGIENE *

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I SHALL direct most of my attention in this paper to tasks that can be directly associated with the activities of the teacher and that to a great extent can be handled in the classroom.

Assuming that all of you are gifted teachers, each of you will have recognized the values of your speciality in your own development, in younger schoolmates, and in your own pupils. It is those who have had many of these psychological intuitions who are *real teachers*. And it is these same people who recognize their need for association with some one who can help them unravel the personality problems to which they are sensitive in their pupils—some one who has the techniques for discovering abilities, interests, and attitudes which the teacher then can foster in ways that are consonant with the individual pupil's growth needs; some one whose special knowledge of his abilities, interests, and achievements will be so fully respected by the pupil that the additional push that is needed will be added to the teacher's day-by-day impact.

We have, then, the teacher and the guidance specialist. Either may be good or poor, competent or a quack. If the teacher is competent, he is a general practitioner in the mental hygiene of his particular field. I have met teachers who knew nothing of the functions of guidance specialists, but who had pioneered in their own fields. Often their ideas have appealed to me as sounder than those of some individuals who are quite articulate about the mental hygiene of the school. These teachers had seen the mental-health possibilities of the classroom through the eyes of master workmen

* Adapted from an address, *Opportunities for Mental Hygiene in Public Schools*, presented at the Western Massachusetts Conference on Mental Hygiene in Education and Social Work, Springfield, April 13, 1940.

instead of through the peepholes of specialists. Their focus may not have been as sharp, but the orientation of their observations was sound. It is the responsibility of the mental hygienist to help teachers who have these sensitivities to learn the most effective ways of carrying out their intuitions; so to magnify what they perceive that they may make the most discriminative emphases in their teaching; so to reduce academic astigmatism—about which they already are defensive—that a complete and unified functioning of pupil potentialities may be achieved; and so to extend their range of observation that the present experiences of the pupil may satisfy growth needs.

A teacher of this type knows how to give praise and blame, reward and punishment. On the playground he knows with which youngster to call, "Snap out of it," or "At-a-boy!" and with which to wait until the end of the period to say with some formality, "That was a good idea. Next time it should prove successful." He or she knows when to bolster up family discipline and when to encourage emancipation; when to follow through with something that is not going well and when to attempt a new assignment; when to give assistance and when to let the pupil work alone; when to use a red or a blue pencil and when to append a neat note on a separate piece of paper; when to hold a paper until the pupil is confident that the teacher has in his desk something that is better than that which is being criticized; when to focus attention on a pupil or on his work and when to encourage him to submerge himself in group accomplishment; when to show an objective interest and when to express personal feeling.

This teacher is alive to the child's home relationships through their reflection in chance remarks, compositions, responses during recitations, and playground behavior, and in the attitudes shown by other pupils during literature, history, geography, or arithmetic classes, or when marching into or out of the cloak room. Over a period of years in a community, this teacher will have visited many homes and will be intimately familiar with the leisure-time activities of the several neighborhoods represented in his or her room. In one of the classes an interpretation will be suggested that will have a deep emotional significance for one pupil and a gen-

eral-content value to others; an incidental gesture under group conditions and pressures will be made to count for more than a personal interview with a specialist. And, if I may again repeat the refrain of this paper, *the effectiveness of the teacher's activities will be enhanced by coöperative work with specialists who make intensive individual studies.*

Eleanor and her little chum were in the habit of standing in dark entrances and snickering at passing women who used rouge. These women were mysterious creatures. Just what they did the little girls had no notion, but that they were *bad* was certain. One day the teacher assigned a composition on "Mother." Eleanor wrote, "Mother," and burst into tears. Later, after some encouragement, she wrote, "She used paint." At the end of the day, the teacher asked Eleanor to walk home with her. Before leaving, she powdered and rouged.

We do not know what this teacher's own experiences had been or what she had sensed about the standards of Eleanor's home—it was not until Eleanor herself was in preparation for teaching that we were told the story—but of this we can feel sure—she was an artist, capable of intuiting and handling an emotional problem *in her stride*. She did not need to consult Eleanor's social history before acting. She already sensed enough about it.

Each subject provides its own unique opportunities for the general practitioner of the classroom whose personal intuitions are sharpened and reënforced at the right points by contacts with specialists who have made intensive individual studies.

English composition may resolve, or it may further confuse and intensify, conflicts. Interpretations of such life values as sincerity, ambition, selfishness, citizenship may be clarified or they may be distorted or sentimentalized. The student may be made to feel like an automaton that learns, copies, rearranges, and rephrases the ideas of others. He may, on the other hand, be helped to think for himself, to organize his impressions, to be self-reliant, responsible, and effective.

I can only list the possibilities of biography, of the character analyses of literature or of great historical figures, of the study of the reasons for migrations and of satisfactions and

disappointments in new localities. In these, as in a mirror, a student may reflect his own desires to escape, to explore, to gain new securities and new liberties. The details of the image are the details of his own experiences and feelings and aspirations. Whether it be for escape from frustrations or for the achievement of aspirations, the teacher has an opportunity to give direction to the forming of mental habits—or we might say to the growth of character, or the full and proper development of the pupil's potentialities.

Mathematics may help to equip the brilliant student to control the mechanical and financial instrumentalities of modern life for purely selfish or for social purposes. It may develop an aloofness toward the problems of his fellows—an intellectual snobbery. It may, again, help to clarify the nature and value of formulas, abstractions, theories, and principles in a world in which the scenes seem ever to change. In this way it may help him to maintain an even keel while he works out his own beliefs about absolutes, constants, and relativities.

For each student each subject has different mental-health values. What generally is bitter-sweet may only be bitter or only sweet, or bitter with an insipid taste, or sweet with an enlivening contrast for the individual. The individual may need only bitter or only sweet.

Irene was gifted in art. She had a disdain for academic work. When shown a portfolio of the teacher's art work, she asked why the teacher was teaching when she could do that. The resulting conversation had a sobering effect. At least in that teacher's room, Irene settled down to emulate the scholarship of the teacher. Further, her art interest was less for effect or for escape from her regular school work—in short, it was more honest.

Winifred was weak in Spanish. She could not spell, and word order apparently made little difference to her. Closer observation showed that she was slovenly both in written and in spoken English. She thought herself too dull to master any subject. Probably she misspelled, mispronounced, and disregarded the order of words to express a "don't care" attitude. One day the teacher reviewed the expressions of her attitude with her. She saw, but was not persuaded, until

at the end of the conference she found her spelling of the teacher's name checked as wrong. This was the last straw. She put on a drive to be accurate. She used a typewriter on which she could not fool herself and others as to what she had written. She prepared well-organized notebooks. After some time this effort was reflected in an improved grasp of the subject; and with her improvement better social contacts were observed in the Spanish club. This teacher was consulting with a mental hygienist who helped her to understand individual attitudes and developmental needs such as these. The teacher complemented this diagnostic service with suggestions as to what the subject matter of her field could contribute.

The science courses offer their special opportunities. One mental-hygiene department developed in the biology department.

✓ Emotion-provoking subjects such as art, music, dramatics, and dancing may arouse and give meaningful organization to mental images and to clouded emotions. They may be therapeutic, but if their therapeutic possibilities are forced, they are more likely to be devastating. It is necessary that the teacher, like the good gardener, know when to give more or less water here or there, when to prune, and how in general to maintain conditions that promote growth. But if more specialized services are contemplated, special analyses may be desirable. Samplings of behavior, attitudes, and habits may need to be studied.

Neither the general practitioner nor the specialist can do the whole job alone. None of us can be omnipotent, and if we possess that quality of humility which true scholarship fosters, we shall realize the necessity for coöperative effort in our work with that most complex of organisms—the growing boy or girl.

We have indicated that there are possibilities for mental-hygiene practice which not only have a good general effect, but which can be directed to the unique needs of individual pupils. There are cases that seriously need individualized instruction—that is, diagnostic and remedial instruction. Probably no method of instruction can be appropriate for all children. One child comes to school with a quite definite

notion of how he will learn to read; another is highly responsive to suggestions from the teacher; another is bright, but "scatterbrained." One child looks for a definite meaning in every letter; another simply wants the gist of the matter on a flashcard; one wants to build his words, another to break them down. So, despite the best adaptation of methods by the finest genius among teachers, there are and will be needs for diagnostic and remedial instruction. And where the teaching is a little less than that which I have described, there will be many pupils who will need special help. This diagnostic and remedial instruction, then, goes back not only to the presentation of the subject by the teacher, but to the pre-school preparation—a good old Herbartian term—for the presentation to be made by the particular teacher.

I have intimated that difficulties with specific subjects are apt to have a much more general significance in the life of the child than is at first apparent.

I once tutored a girl who had repeated algebra in a year of postgraduate work. In mathematics she was still at the fifth-grade level. She thought that unless you could visualize the whole solution—except for marginal computations—before you set pencil to paper, you simply could not work out a problem. Probably her class had been instructed to consider what they were attempting before adding, subtracting, and so forth. Usually, this is necessary. Further, she had watched the instructor work problems, and he always seemed to know just what he was going to do. In other words, she thought that she was supposed to have a brilliant flash of insight and then to proceed with the computation without the necessity of thinking about the problem except to remember what she had seen in *that brilliant flash*. This girl was bright and her notion about penetrating insight had some support in her own experience.

My emphasis was on the analysis of the problem, which we called "breaking it down"—working with as much as could be comprehended while keeping the whole problem in mind—and on methods of continuing the analysis when the pupil otherwise suffered a disconcerting mental blank. In short, it was necessary to get at rather intangible and highly personalized attitudes toward her processes in the subject. With

the advantages of her ability, her maturity, and a definite occupational need, it was possible, despite two years of adverse conditioning, for her to master first-year algebra in six weeks.

Remedial instruction based on a diagnostic study of reading handicaps, of notions of what should be attempted in order to learn to read, and of related emotional attitudes often leads, in from three to five months, to the acquisition of sufficient skill for the required school work. With this progress comes better emotional adjustment.

A boy whose voice boomed so that all of the adjoining offices were disturbed whenever he tried to speak on the most casual topic, who would walk up six flights rather than ride in an elevator, who blushed profusely in the presence of ladies, whose hair was always mussed, improved rapidly in all of these respects as he learned to read. But let me add that with each advance that he made in his reading he was prompted to make some advance in his personal deportment.

It is my observation that at least half of the boys who are reported by teachers as likely to pursue delinquent careers have difficulty in reading. If they don't learn to read, they can't participate as coöperative members of their classes; life is more interesting on the street; so—they play truant, and so on.

One of the speakers yesterday stated that a subject-matter deficiency may or may not be the cause of a behavior problem. I might add that the deficiency does offer the teacher a ready approach to the pupil's emotional imbalances, which generally have come to be related to his deficiency. These imbalances in turn do underlie his behavior problems. Often diagnostic and remedial instruction is all that is needed. However, it is my opinion that if a combined *psycho-educational* and *mental-hygiene* approach is used, the educational, emotional, and behavior problems are dealt with more quickly and more permanently than if attention is focused entirely on one aspect of the individual's many-sided development.

My next suggestion has to do with placement in special classes.

One sore point in Massachusetts in this field is the classi-

lying of those who are mentally retarded. If at the age of fourteen a pupil's retardation is three years, his I. Q. is 79. This I. Q. at age six would mean a retardation of only fifteen months. If I. Q.'s were the basis for classification, it would be possible to develop curricula that would be continuous over a period of years. There are enough of these children to justify the time and effort spent in developing courses appropriate to their special needs. Similar provisions should be made for those who are verbally dominant or manually dominant.

The developing of special courses adapted to the needs of the variety of abilities represented in the public school depends upon an adequate program of educational guidance. It is easy enough to generalize about these many problems, but a person who is oriented in mental hygiene will want each program generalized from the needs discovered in the individual children—that is, from the carefully considered recommendations for individuals which I have already suggested.

Let me illustrate:

A girl, a slow learner, was overwhelmed by her schedule of regular academic subjects. She remarked, "I wish I could appreciate art the way James does." She had a yearning for art. It might have been well to foster in her the mental habits of a genuine interest in art. The mental hygienist, with his findings supplemented by the teacher's observations, could have learned something of the desirability of such an emphasis in her curriculum; could have supplied motivation and direction, and have reviewed with the teacher the girl's aptitudes and attitudes, the possible uses that she might make of art, and the desirable type of emphasis to bring into her course. The teacher would have had the major responsibility for the long and many-sided program involved in developing these mental habits.

Often we require the slow learner to spend all of his time in the mastering of scholastic disciplines that he never will be able to use in scholarship. Equally important to him may be vocational training, nature study, crafts, art and music, and the reading of good literature adapted to his capacity; for the girl, sewing and cooking, household budget-

ing, and elementary nursing; and for all a training in forms of physical recreation that can and are likely to be pursued in later life.

Do our administrative procedures make it possible for the teacher to exercise the freedom that the development of a unique course of study requires? The able teacher can develop a course that will serve the particular needs of his or her pupils and still meet the general requirements of the curriculum, if given sufficient leeway for a sufficient period of time. The problem may be simply one of guidance within already existent curricular possibilities.

Ralph was a very attractive boy, but his I.Q. was only 95 and he wanted to be a naval architect—like his uncle. While in the elementary school, he had so oversold himself that he had been placed in the rapid-advancement class, where he could not keep up with the pace. In the ninth grade he was failing. He was especially disturbed because he was foreseeing possible failure in naval architecture. His relatives were in the professions and expected him to be. His manner was becoming browbeaten.

The mental hygienist found that his interests and abilities pointed to commercial rather than to academic or technical pursuits—except in so far as academic subjects would make for pleasant social orientations. Naval architecture was not so much an absorbing interest as an ambition that would satisfy the requirements of his family. It therefore was necessary to approach him and subsequently his mother on two counts: (1) he had the appearance, engaging manners, interests, and abilities necessary for certain types of commercial work; and (2) he could further develop his interests in art, music, museums, and travel as a basis for relationships within the social circle of his family.

Ralph accepted the idea of becoming a salesman and transferred from the academic to the commercial course. He experienced a fresh enthusiasm, and walked with a noticeably better swing. After a lapse of a few weeks he stopped in to see the therapist. He was so completely self-possessed that the therapist would have had to be most presumptuous to offer advice to him.

It was shown yesterday that academic often outstrips emotional development. One boy of whom this was true developed

a complaint in his right arm which made it impossible for him to prepare written reports. With a little concentrated therapy this disappeared. In so far as school work was concerned, he experienced growth in the ability to take responsibility. He was required to complete just as much and just as hard work as others of his ability, but under supervision which was aimed at the development of essential work habits. This successful experience had a more general value to him. Usually the problem is much more difficult, but the more involved cases require more time to describe.

Kirk was interested in animals, but neglected his pets. He enjoyed imaginative stories, but would not read his French stories. He was interested in boat building, but failed to complete any boats in shop. In short, he was unable to carry out any responsibility. In every activity his dominant interest was in gaining recognition, and, failing that, his aim was at least to attract attention.

A very able teacher gained an understanding of his emotional need. She had him write brief imaginative stories about animals and birds. Under her supervision this writing served to reduce his unhealthy phantasy life, and gave a positive significance to his imaginative abilities. He had the assurance that he would be recognized and he, therefore, was able to attend to his responsibilities. This is a first step toward complete self-reliance.

Many youngsters of high ability have failed to develop the capacity for independent work. They are emotionally or occupationally or socially immature. They need a special type of developmental program which can be understood only when they are individually studied. This educational guidance may not be instruction either of the classroom or tutoring sort, but it can and should be closely correlated with classroom activities. Let me return to the classroom.

Vincent, aged twelve, was interested in paleontology, archeology, biology, and physics. In fact, his dreams had much content from these subjects. (His teachers did not happen to have access to these intimate mental experiences.) He knew the birds and plants of his region, had built a U-boat that would submerge, and had planned super-power airplanes. Also—and of more diagnostic significance since it throws light on his solitary interests—he worried about the increase in crime and developed social theories of causation. When

these interests were brought to the attention of his very excellent teachers, they found legitimate outlets in the regular school work. His motivation ceased to be a desire to escape from everyday realities and found direction and expression in the making of contributions with and to his group.

Morris illustrates another possibility for the sharing of responsibilities by the teacher and the expert in educational guidance. Morris was nervous, fidgety, mischievous, and boisterous in class. Frequently he talked in a loud undertone. In the hall he was officious. When addressing adults, his manner was military. He spoke in a crisp, clear tone with an authoritative inflection.

He was better in language, literature, and social studies than in science or mathematics, but he was poor even in his best work. He liked class fights and dangerous, exciting work, and thought that he would like to be an officer in the army or navy, or even a master mechanic or office manager, provided he did not have to do any of the mechanical or clerical work. His whole idea was to dominate other people. His interest in English was in writing police stories or in reporting athletic victories.

He was introduced to a policeman who took a real interest in him. At school he was given responsibilities for hall traffic and fire drills. He was encouraged to write police stories and compositions about gang activities and about his ideas of citizenship. The result—not at once by any means, but in time—was that his obstreperousness and officiousness partly disappeared and partly found more acceptable forms of expression.

In most groups we have bullies and those who hardly dare to call their souls their own; those who are restless, hyperactive, or distractible; those who are preoccupied with ideas of sex or delinquency; a few who under stress may become definitely abnormal personalities. Results with such cases may be quick and dramatic, but they are more likely to take considerable time with ample opportunities for translating expressions of impudence into habits of independence, sophistication into the realistic and truthful thinking for which it may be a perverted expression, and stubbornness into the integrity for which the stubbornness is an unsatisfactory substitute.

The mental hygienist helps to determine the nature of individual problems, and the teacher directs the habit-building activities. The illustrations I have given represent what can be done by the teacher and the expert together. Very often it becomes necessary to widen the range of the efforts to include the parents. This was glimpsed in the sketch of Ralph, whose parents and relatives were concerned with the social status of the vocation into which he might enter.

Some of the more involved problems that call for the coördinated efforts of a variety of personnel are suggested in the case of Percival.

Percival's mother complained of his poor health, which she thought resulted from his inability to follow *her* health suggestions; she reasoned that he must be stupid or he would comply, and concluded that he must be taken to a mental hygienist. This specialist found the conclusion more suggestive of her need for psychological assistance than of a rational process. Despite the devious path of her logic, she had come to the right place!

On a health-information test her son's standing was 98 percentile. That is, among one hundred representative students of his age he would stand ninety-eighth from the bottom. In content subjects such as history and literature, his standing was above 90 percentile. His general academic ability was 85 percentile. Still, he was over a year retarded in school and at age seventeen was failing in elementary algebra.

His father was an accountant and a purser and wanted him to become an accountant. Possibly this contributed to his slowness in algebra, which he recognized as a prerequisite for accountancy.

In England he had attended what we call private schools. Also he had traveled considerably and felt quite superior. Possibly his awareness of his encyclopedic knowledge augmented this feeling. It was his ambition to travel as a gentleman of leisure.

He was led to see that he could travel and associate with business gentlemen if he were to become an appraiser or buyer in the world's markets. This vocation well might require mathematics. In any case, the objective gave point to his doing well at school. He was tutored in algebra, in which he demonstrated fair ability. He was able to carry

a heavier course during the winter and thereby to regain a year in his school standing.

On the suggestion of an acquaintance, he had elected the technical course and he now transferred to the college preparatory course, in which his wide range of information was an asset.

In this case it was the mental hygienist's job to discover an objective toward which to direct this quite opinionated boy. In time a less glamorous vocational objective might well supersede the one suggested. The purpose of the suggestion was to provide an incentive that would utilize the boy's assets and biases and that would make for the development of interests and habits essential to the full use of his abilities and opportunities.

Also, since he did not get on well with other boys and girls, effort was directed toward getting him into interest clubs in which his wide information would bring him closer to, rather than separate him from, the students whom he would meet. His acrobatic activities, which he had pursued in isolation with an eye to the possibilities for creating an impression, were dropped at least for the time. Later, his ability in this direction might serve a more wholesome purpose.

His mother felt that there was a definite improvement in his health. Also, she recognized his degree of mental maturity and gave him a larger measure of freedom in the exercise of his own judgment.

In this brief sketch we see a boy who was bright and exceptionally well informed, but who nevertheless was retarded and failing. Also, he had acute problems of personal and social adjustment and of family emancipation, as well as a definite educational and vocational problem. Very often where a problem appears to be simple, it turns out to be quite complicated in its manifestations, even though it may be simple in its essential nature.

We did not wish to have this boy dwell upon his problems of emancipation, about which he was defensive, or upon his retardation, about which he already was so overanxious that he could not do good school work, or upon his wide range of information, about which he was too self-conscious. The objective of a well-conceived mental-health program is *vigorous, complete, and above all unified functioning of the indi-*

vidual's many potentialities in a manner conducive to his development in his particular life situations.

We must look to the private schools for the handling of the very unusual problems that require the highest degree of individualized treatment. I am confident that many private schools have a sufficient number of such cases to justify us in expecting them to develop ways and means for helping these boys and girls. This, I think, is a matter of *noblesse oblige*.

Even they, however, are not so equipped that they should be expected to handle all of the problems sent to them. I have now in my home a boy of high intelligence and considerable capacity for social contact on a superficial level who had so completely lost zest for growth that he was making every possible effort to regress to an infantile level. At the age of fifteen his ability for self-help, self-direction, locomotion, and occupation averaged about eight years. This was complicated by catatonic symptoms of two and three hours' duration. He was transferred from a public to a most desirable private school, but he still needed a moment-by-moment supervision at an infantile level.

For such cases we must have intensive psychiatric service. Yet even in these cases we look to the experience of the school for therapeutic suggestions. Even the kindergarten can offer much that is valuable in occupational therapy.

In summary, the focal point of the school's work is the classroom, with the teacher serving as the general practitioner. The school has made great contributions to the field of mental hygiene and its past should be continually reviewed in order that its advances in this direction may be consolidated.

To the extent that a variety of professional services can be brought to bear on the diagnostic and therapeutic needs of the individual in the school, the work of the school will be more effective and the utilization of auxiliary agencies can be increased without any compromise of educational functions or dissipation of educational efforts. The natural complementary educational and mental-hygiene emphases can be truly synthesized under the jurisdiction of the school toward the common aims of the general practitioner and the specialist.

MENTAL HYGIENE AND THE STUDENT

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EVER changing is the world of reality to-day. Economic standards that were felt to be reasonably secure some ten or twelve years ago have little degree of security at present. The struggle between labor and capital, which has gone on for years, has lately reached an intensity that has disrupted and crippled industry with "sit-down" strikes and closed factories. Conferences to solve this almost unsolvable problem have made some progress, but still have found no lasting and final solution. Public relief has been accepted as permanent, with mounting relief loads and increasing taxation. Hostilities between European nations which have been increasing in intensity during the last few years culminated in September, 1939, in a general war. Even before that our country had seen a new problem arising which it was trying to handle wisely and well—the refugee situation.

That the field of education is cognizant of the changes in the outer world is evidenced by slowly changing curriculums; more practical attempts at vocational training; a better selection of all instructors, with emphasis on well-adjusted personalities; and less insistence in schools of education upon classes in methods, with more upon classes that have to do with understanding the behavior of children. The need of the teacher to understand herself and her own motivations must also be taken into account.

When the history of this present chaotic period is finally written, we shall perhaps see more clearly the effect of present-day culture and all its ramifications upon the individual behavior of those who are a part of it. A world shifting from day to day, with alternating pressures in social and economic areas, necessarily must take its toll from human individuals.

* Presented before the National Conference of Deans of Women, St. Louis, Missouri, February 23, 1940.

We who are vitally concerned with human behavior to-day see mental illness, neuroses, and delinquency creeping down the scale to younger and younger children. We look deeper and deeper into our own culture to seek the many causes that may be responsible for this change, and in addition we look into the inner lives of these children and young people who cannot face their own situations without breaking under the pressure of the external world or fighting themselves and society as best they know how—by delinquency.

The world to-day is coming to realize slowly and somewhat dimly that education, medicine, nursing, business, community organizations, the national government, and international relationships are to a great degree dependent upon the emotional drives and needs of those who are in positions of leadership. Many articles in present-day mental hygiene literature are devoted to analyses of the motivations of national leaders of the present, and these same articles appear in leading newspapers condensed into editorials and comments.

Psychiatry and mental hygiene have taken us far in analyzing and in attempting to discover the motivations that lie below the surface of behavior in the day in which we are living. Certain pressures have become more evident: the ever-increasing need for the acquisition of material things; high standards in academic marks for school children and college students, imposed upon them not by themselves, but by their parents and instructors, almost to the point where a superficial success and undue recognition in day-by-day work are all that count. Indeed one sometimes wonders whether the adult world of to-day feels that success means merely newspaper publicity and "being known," rather than the making of a contribution, limited as it may be, but valuable because it represents sincerity and intelligent effort.

Out of this period of uncertainty and insecurity come our youth, oftentimes confused and bewildered in their thinking. Their slang, their youth conferences, their dashing to support first one idea and then another, are symptomatic of their needs. They are trying to work their way through to a more mature level, not consciously, perhaps, but urged on by their feelings of unrest and dissatisfaction. When young people

are most bewildered and adults are of the least help, youth's "So what?" "Oh, yeah!" and "Skip it!" readily express in a few terse words what they feel so deeply, but say so poorly—their sense of futility. When adults are of assistance—if only by patient listening—they are "good apples" or "good eggs," a sincere and real compliment from the youth of to-day. On the other hand, adults who always have the answer in a few pat rules, to which they cling because of their own fear of the unknown, are "dumb" and "drizzle pussies," if they are not even more disparagingly labeled.

Our young people are less credulous, less willing to accept authority, and more critical of ideas foisted upon them without an opportunity for them to evaluate the practicality of those ideas as a part of their own philosophy. Education has not come to them entirely from the classroom, for they have had the advantage of moving pictures, a pleasanter way to learn, not so tedious. Automobiles have given them the freedom of rapid movement, so that the world is not merely a place about which they have read—it is a place that they have seen for themselves, if only in a limited way. They have lived through quick changes in geographical boundaries, and to them history is ever present over the radio—history that is being written not only in their own country, but in lands thousand of miles away. They have felt the impact of the personalities of historical leaders. They recognize the voices of these leaders, feel for themselves the spoken words, and sense the attitude of the speaker in the statements made. It has been interesting in recent years to hear boys and girls of ten and eleven comment on European leaders—their courage, intelligence, excitability, and so on—not merely as interpreted to them by parents or instructors, but as they themselves have felt the personalities of these men over the radio.

Young people may be a challenge, but they are, if intelligent, on tiptoe, reaching out for new ideas, rather frankly seeking to know more about themselves and their behavior and baffled by the inflexibility of the adults to whom they are responsible. Do they regard college classrooms as a reality? How far are they encouraged to consider fundamental ideas in terms of practical application to present situations? Is their purpose rather to retain these ideas for the moment by

"rote memory," in preparation for final examinations and subsequent marks? Marks at best are interesting, but what havoc they may create in the mind of the student if they are low, and hence a disappointment to his parents, who perhaps are attempting to live their lives again through their son.

Perhaps the student has gained a great deal from his course, but fails in the "final" because of his own fears and overanxious attitude. A superior young man in his senior year at college who was intelligently critical of his instructors and the college, a boy whose marks were no index of his intelligence, said several years ago, "I would thoroughly enjoy writing papers if I could say what I feel and then have my ideas criticized, but I know Mr. A. He wants his ideas stated, not mine. Some day I will write what I feel." Within the past year he has become an author of some importance. Why his low marks in college? Was he right in his evaluation of his instructor or was his conflict so intense over what he thought his teacher expected and what he himself wished that he never attained his potential working level?

What about papers graded by juniors and seniors in college? A paper written by a student in college was gone over by an expert in the field with which the paper dealt. It was marked the customary "C" by the junior who was doing the correcting. When the student asked the reason, feeling that he had gained a great deal of knowledge from the expert and from the writing of his paper, the instructor's reply was, "Your mark is still C." Later, an evaluation of the corrector showed that he was a routine student who had gained his high marks by learning well the contents of a textbook, but who showed no initiative in thinking or critically analyzing the material presented. One wonders at times why papers written with considerable effort are not deserving of the best correction possible, with allowances made for flexibility and new ideas.

Is it an indictment of our educational world that we have in the past not prepared thoughtful statesmen, that we are to-day too far dependent upon men whose interest is not in effective social planning for the present and the future, but rather in selfish gain for themselves? Does our present educational system, in its lecture and quiz methods, make adequate allowance for freedom of thinking? Or should students

be allowed to express their own thoughts and feelings under guidance until they themselves mold them into a well-thought-out, constructive philosophy? College students of to-day come from a more complex civilization than that of the generation before them and unless education is to become superficial, merely a matter of four years spent behind academic walls to attain a degree, educators will have to be given what they should consistently seek—an opportunity to prepare their students in flexibility of thinking, courage, and the ability to meet the unpredictable in the outside world. In a short time their students will be the adults of to-morrow who will be called upon to shoulder responsibilities for which they are in no way prepared.

Students come to college at the end of seventeen or eighteen years of life experiences. What their experiences have done toward making them fairly well-integrated personalities, how willingly they are entering upon their last period of academic training, are matters of the greatest importance to those who are to give them their final preparation for meeting life as adults.

Behavior symptoms are evident in this highly competitive world. Unexpressed or expressed anxieties, aggressions, and jealousies are common. Because the individual is haunted by his own fear of failure and the inadequacies that he feels lie deep within himself, but that he dares not face frankly or express, hostility is manifested in his attitude toward those with whom he works, his family, and the community. He may become openly hostile or he may have recourse to physical complaints, symptoms that have no organic basis but that gain for him, if only momentarily, protection, freedom from responsibility, and emotional dependence upon some parent person in his family or in the outside world. The student has come from an outside world in which, out of his own frustrations and emotional needs, he has built up many symptoms. Has he learned to understand himself and others sufficiently well so that when he is called upon to make further adjustments upon the college campus, he will not resume his former non-constructive behavior?

Our one great concern is that the student may mature emotionally to the fullest extent and profit by his four years of

college training. Learning is a feeling process and it must be regarded as such. The student torn by his own emotional conflicts cannot learn until he has settled the problem that is troubling him personally, thus leaving him free to take in material from his textbooks and instructors.

Those educators are fortunate who work on a campus equipped with a student health service, whose task it is to care not only for physical illness, but also, through the wise guidance of an adequately trained psychiatrist, to help those students whose emotional problems are so great that they can profit little from their academic education. From the psychiatrist, educators secure assistance with the student who is considered "lazy and apathetic," or depressed, or "over-active" and "flighty." Are these young people facing a near mental breakdown which interferes with their efficiency and their ability to concentrate? The psychiatrist alone can give the answer and he alone can outline wisely the plan of treatment for the student—whether or not he should remain on the campus or return home to be cared for in a hospital especially designed for his illness.

The psychiatrist, too, with his staff of expert psychologists and psychiatric social workers, is best fitted to work with the young college student who, unhappy and overburdened by his emotional conflicts, has no energy left to take on the task of further training. Treatment can be lasting and effective only when the deeper mechanisms of behavior, not only in the college student, but in the adults who guide him, are understood. To the college student his own mechanisms must be revealed at least partially. Particularly is this true in the case of the student who finds himself a "misfit" on the campus, in the classroom, and even previously in his own family. His confusion often lies in the fact that he does not see himself clearly enough in any situation to realize why his behavior symptoms are so destructive or what part he plays in the reaction of other individuals toward him. There is no permanency in a treatment that does not offer the individual the opportunity to work out his own inner emotional frustrations and drives and give him at least some understanding of the pressure situations that cause certain destructive symptoms. Treatment should be offered only by the

expert, who recognizes the many ramifications of behavior and the possibilities for treatment. Such knowledge is not gained from textbooks alone, but from long years of clinical experience, of dealing day after day with individuals and their problems.

I cannot close this paper without some mention of the rôle of the dean of women—her training, her fitness for her position, and her place on the college campus. Unfortunately, a dean of women cannot be adequately trained in a course from textbooks over a period of five or six months. She, too, needs months of clinical experience under an expert psychiatrist, actually working out the problems of adolescents similar to those whom she will meet in her daily work. For work with young people at the time of their emotional growth, when they are ambivalent in their feelings because of the many conflicts with which they are struggling, the dean must be a well-adjusted personality whose fears and prejudices, and whose need to become a dictator, must have been adequately met or at least understood so clearly by herself that she is not disturbed and unhappy in her relationships with others. The dean of women who is qualified for her task is indispensable. To the young woman who is involved in many troublesome questions about her present and future work, the dean of women is a security against the unknown, and is remembered long years after college days are over.

Soon enough our young students will be facing a world that at best will be harsh and that is constantly changing, with pressure situations that are almost overwhelming in the economic and social spheres. Our present unhappy world situation has made us as adults acutely aware of the heritage that we are leaving to a new generation. The best heritage we can leave is the opportunity for young people to learn to understand themselves and others. This we can do through courses offered by experts in the understanding of human behavior, and through teachers and deans who are themselves adequately trained and well integrated.

A FOLLOW-UP STUDY OF THREE HUNDRED COURT CASES FROM THE ADOLESCENT WARD OF BELLEVUE HOSPITAL

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THE adolescent ward of Bellevue Psychiatric Hospital has been functioning since April 1, 1937. This ward cares for boys ranging in ages from twelve to sixteen, the majority of them presenting behavior disorders. Children are referred to us occasionally from homes, schools, and social agencies, but the majority of our patients are sent in from the children's courts in the various boroughs of New York City. The children are usually in the hospital for approximately four weeks. An article that describes in detail the set-up of this ward has been recently published.¹

The present paper deals with a follow-up study of the first three hundred court cases examined on the adolescent ward. Of these, 226, or 75.3 per cent, were white, and 74, or 24.6 per cent, were Negro. During the year 1937, there were 4,571 delinquent boys before the children's courts of New York City, of whom 1,127—24.6 per cent—were Negro. Non-court cases were excluded from our study, as it was undertaken in an effort to determine, in an objective fashion, what has eventually happened to *delinquent* adolescents who have been under observation and treatment for several weeks in a special ward of a psychiatric pavilion. In other communities, delinquent adolescent boys are usually seen only in clinics or

* The paper is submitted by this author in partial fulfillment of the requirements for a diploma from the New York School of Social Work.

¹ "Organization of a Ward for Adolescents in Bellevue Psychiatric Hospital," by F. J. Curran, M.D. *American Journal of Psychiatry*, Vol. 95, pp. 1365-88, May, 1939.

are placed on psychiatric wards with adults. In our adolescent ward, group therapy, as well as individual psychotherapeutic conferences, is stressed.¹

These three hundred court cases were admitted between April, 1937, and January, 1938, and the follow-up study was begun in the spring of 1939, so that the study comprises a report of the whereabouts and condition of these cases as of July, 1939.

Previous Follow-up Studies.—Follow-up studies of delinquent children and adolescents have been made frequently in other clinics and hospitals. Potter and Klein studied 175 boys and girls under fourteen years old, who had been in the New York State Psychiatric Institute and Hospital.² The study consisted of a personal interview with the parent and the child by the psychiatrist and a visit to the home and the school by a psychiatric social worker. The authors concluded that 109 out of the 175 cases had made an unsatisfactory adjustment. Fourteen of 25 cases labeled "personality and habit problems," 26 out of 51 cases of "conduct disorder," and 15 out of 21 cases of "psychoneurosis" had made satisfactory adjustments. Nineteen out of 21 cases of "secondary behavior problems," such as cases with encephalitis, head injury, or other physical disabilities, had made unsatisfactory adjustments. Other poor adjustments were recorded for epileptics, mental defectives, juvenile paretics, and schizophrenics.

A group followed up by Kanner also included those who had been first examined before the age of fourteen, the study having been made at the Harriet Lane Home, the pediatric department of Johns Hopkins Hospital.³ Kanner's group consisted of 75 cases, 43 boys and 32 girls, all but five of them white children. In 26 of these children, mental deficiency

¹ For accounts of this work see two recently published articles by F. J. Curran: "The Drama as a Therapeutic Measure in Adolescents" (*American Journal of Orthopsychiatry*, Vol. 9, pp. 215-31, January, 1939) and "Art Techniques for Use in Mental Hospitals and Correctional Institutions" (*MENTAL HYGIENE*, Vol. 23, pp. 371-78, July, 1939).

² See "An Evaluation of the Treatment of Problem Children as Determined by a Follow-up Study," by H. W. Potter, M.D., and H. R. Klein, M.D. *American Journal of Psychiatry*, Vol. 94, pp. 681-89, November, 1937.

³ See "Problem Children Growing Up," by L. Kanner, M.D. *American Journal of Psychiatry*, Vol. 94, pp. 691-99, November, 1937.

(10 of them were idiots or imbeciles, and 16 morons) was the nucleus of the difficulty. Nine of these mentally deficient children were moderately well adjusted when the follow-up was made. Forty-seven cases had an I.Q. of over 70, and of these, 16 were found to be doing well in every respect, 21 had made a fair adjustment and were giving no cause for serious concern, while 10 were poorly adjusted and required intensive psychiatric and social work.

The Gluecks studied 510 men who left the Massachusetts Reformatory during the years 1911-1922.¹ Eighty per cent of these men were not reformed five to fifteen years later, but had continued their criminal careers. Three hundred and six of these men had been twenty or under at the time of their commitment to the reformatory, 8 being fifteen or under, 78 seventeen or under, and 173 eighteen or under. Of these, 77.2 per cent had been less than seventeen at the time of their first known delinquency, and 52.2 per cent were known to have had court records before the age of seventeen.

Later, the Gluecks studied 1,000 juvenile delinquents in Boston, their ages varying from six to seventeen, the mean age being eleven years and eleven months.² Of these children, 633 had shown delinquent tendencies from one to five years before arrest, the mean time being two years and four months. Clinic recommendations had been carried out in only 21.5 per cent of the cases, but the authors concluded that the carrying out of all their recommendations by the children's court had a low, although consistent, relationship to subsequent conduct. Probation at home had been recommended in approximately 50 per cent of the cases; probation in foster homes, in 12.5 per cent; probation in the country, in 10 per cent; and institutionalization, in about 10 per cent. Of the 923 cases whose records during the five-year post-treatment period were known, 88.2 per cent had continued their delinquencies. They had been arrested on an average of 3.6 times each. Two-thirds of the entire group had committed serious offenses, largely felonies, indicating that the treatment carried out by clinic, court, and associated com-

¹ See *Five Hundred Criminal Careers*, by S. Glueck and E. T. Glueck. New York: Alfred A. Knopf, 1930.

² See *One Thousand Juvenile Delinquents*, by S. Glueck and E. T. Glueck. Cambridge: Harvard University Press, 1934.

munity facilities had had very little effect in preventing recidivism.

Fenton and Wallace did a follow-up study of 821 cases in the California Bureau for Juvenile Research.¹ They did not specify the ages of their patients, but quoted typical cases ranging in age up to seventeen. They divided their cases into various categories, including delinquency and pre-delinquency, behavior problems, difficulty with school subjects, mental deficiency, mental disease, and miscellaneous problems. At the time of the follow-up, 76.8 per cent of the delinquent cases and 98.3 per cent of the pre-delinquents were not in correctional institutions. Fenton and Wallace state that the 23 per cent of failures in their clinic is similar to the 21 per cent of failures found by Lee and Kenworthy² (in the Bureau of Child Guidance and Department of Mental Hygiene of the New York School of Social Work); to the 21 per cent of failures reported by Newell³ (in the Baltimore Mental Hygiene Clinic); and the 21 per cent of failures reported by Witmer⁴ (in the New York Child Guidance Institute). Newell studied 72 cases and stated that only 26 showed marked improvement, whereas 31 showed slight improvement and 15 no improvement. Anderson, after a six-year follow-up study of children ranging in ages from two to eighteen in the Child Guidance Clinic of Los Angeles, the majority being from eight years through sixteen, reported that 25 per cent were failures or showed no improvement.⁵

Reckless and Smith have discussed the results of a probation study made by the Massachusetts Commission on Probation in 1924 on 294 boys who had previously been before juvenile courts.⁶ At the time of the follow-up study, 44 per cent were again in court, 22 per cent of them as

¹ See "Follow-up Studies of Bureau Cases," by N. Fenton and R. Wallace. *Journal of Juvenile Research*, Vol. 22, pp. 43-61, January, 1938.

² See *Mental Hygiene and Social Work*, by P. R. Lee and M. Kenworthy, M.D. New York: The Commonwealth Fund, 1929. p. 309.

³ See "The Methods of Child Guidance Adapted to a Public-School Program," by H. W. Newell. *MENTAL HYGIENE*, Vol. 18, pp. 362-72, July, 1934.

⁴ See "The Outcome of Treatment in a Child Guidance Clinic," by H. L. Witmer et al. *Smith College Studies in Social Work*, Vol. 3, pp. 341-99, June, 1933.

⁵ See "Six Years of Child Guidance," by F. N. Anderson. *Journal of Juvenile Research*, Vol. 15, pp. 73-96, April, 1931.

⁶ See *Juvenile Delinquency*, by W. C. Reckless and M. Smith. New York: McGraw-Hill Book Company, 1932.

adults.¹ Healy and Bronner, dealing with youthful recidivists in Chicago, reported 61 per cent of failures, and their studies at the Judge Baker Foundation in Boston showed approximately the same percentage of failures. They stated that the prognosis for first offenders appeared to be twice as favorable as for recidivists.² Kirkpatrick studied 1,000 delinquent boys who, as first offenders, had appeared in the Juvenile Court in Cleveland between 1930 and 1933, the majority being between eleven and eighteen years old. A follow-up study in 1937 showed that 284, or 28.4 per cent, had reappeared in the juvenile court, burglary appearing to be the most serious offense from the standpoint of recidivism.³

Shimberg and Israelite did a follow-up study of 50 intellectually average and 50 defective recidivists, and of 26 average and 26 defective first offenders at the Judge Baker Foundation in Boston.⁴ All of the cases were boys. They concluded that 66 per cent of the intellectually average recidivists and 70 per cent of the defective were failures, and that 35 per cent of the intellectually average first offenders and 39 per cent of the defective were failures.

Oberndorf, Orgel, and Goldman stress the value of a controlled environment for maladjusted children and describe the results of treatment at the Hebrew Sheltering Guardian Society at Pleasantville, New York, where problem children are placed with neglected cases.⁵ Fifty-two per cent of 50 cases treated intensively had adjusted well at the time of a follow-up study five years later, while 22 per cent had adjusted with occasional assistance, 14 per cent had encountered

¹ See *Report of the Commission on Probation on an Inquiry Into the Permanent Results of Probation*. Massachusetts Senate Document 431, March, 1924. pp. 30-32.

² See *Delinquency and Criminals*, by W. Healy, M.D., and A. F. Bronner. New York: The Macmillan Company, 1926.

³ See "Some Significant Factors in Juvenile Recidivism," by M. E. Kirkpatrick, M.D. *American Journal of Orthopsychiatry*, Vol. 7, pp. 349-59, July, 1937.

⁴ See "A Study of Recidivists and First Offenders of Average and Defective Intelligence," by M. E. Shimberg and J. Israelite. *American Journal of Orthopsychiatry*, Vol. 3, pp. 175-81, April, 1933.

⁵ See "Observations and Results of Therapeutics of Problem Children in a Dependency Institution," by C. P. Oberndorf, M.D., S. Z. Orgel, M.D., and J. Goldman. *American Journal of Orthopsychiatry*, Vol. 6, pp. 538-52, October, 1936.

serious difficulty, 4 per cent had had no contact with the agency for five years, and 2 per cent (one case) had died of tuberculous meningitis.

Grossmann also emphasizes the value of a controlled environment in treating emotional problems, and describes in detail the set-up at Hawthorne-Cedar Knolls School, an institution under the supervision of the Jewish Board of Guardians of New York.¹ He gives no statistics as to percentages of failures or successes.

Type of Present Study.—In the study reported here, we did not make home visits in order to determine the present whereabouts of the 300 boys. This would have been an almost impossible task, in as much as the families of such boys move frequently, often leaving no forwarding address. We did, however, carefully examine the probation records of the courts and we secured all available follow-up records from correctional institutions, state schools, state hospitals, and every other possible source. In a very few cases we have no data after the child reached his sixteenth birthday some time during the year 1938. In most cases, however, we have investigations that extended up to June or July, 1939, at least eighteen months after the patient left Bellevue. When a child with a probation record in the children's court later appeared in the adult court, the latter record was secured and a notation was made on the children's court probation record. We examined these in detail and secured information from adult correctional institutions on all our cases that had been sent to such institutions.

One of our reasons for selecting only court cases for this study was that we wished to determine to what extent our recommendations were being followed out by the justices of the children's courts. In cases in which our recommendations had not been followed, we wished to learn whether the judicial or the psychiatric attitude was the more reliable, as it is a popular opinion that psychiatrists are often "tender-minded" or "intellectually seduced" by their patients, and are prone to blame the environment rather than the individual when he

¹ See "The Role of the Institution in the Treatment of Delinquency," by G. Grossmann. *American Journal of Orthopsychiatry*, Vol. 8, pp. 148-57, January, 1938.

becomes delinquent; whereas, in contrast, many judges are pictured as stern disciplinarians.

Sources of Material.—Although there are five boroughs in New York City, the largest group of delinquents come from the congested areas of Brooklyn, Manhattan, and the Bronx. In our series, 126, or 42 per cent, of the boys were from Brooklyn; 96, or 32 per cent, from Manhattan; 57, or 19 per cent, from the Bronx; 18, or 6 per cent, from Queens; and 3, or 1 per cent, from Richmond County (Staten Island). Only three boys were not living in the boroughs in which they were arrested. In these cases, we placed the boys in the districts in which they lived instead of classifying them according to their court appearances. A Queensborough boy was arrested in Manhattan, and a Manhattan and a Queens County boy were arrested in Brooklyn.

The Annual Report of the Domestic Relations Court of New York reveals that during the year 1937, 8,407 children were referred to the five county courts, 5,214 of these being delinquents, the others neglected, material witnesses, mental defectives, or physically handicapped. The delinquent children were grouped as follows: New York County (Manhattan), 1,705; Kings County (Brooklyn), 2,108; Bronx, 797; Queens, 473; and Richmond, 131. It must be remembered, however, that the 300 cases studied at Bellevue were referred to us only after April 1, 1937.

The majority of the children came from broken homes or from homes of very restricted incomes. The factors predisposing to juvenile delinquency were similar in our cases to those described elsewhere.¹ A paper by one of the present authors dealing with various types of emotional delinquent problem on the adolescent ward has lately appeared.² The majority of these 300 children had not been previously examined in a mental hospital, but some of them had been

¹ See the two studies by the Gluecks and the study by Healy and Bronner previously cited. See also *Facts of Juvenile Delinquency* (Publication No. 215 of the United States Department of Labor. Washington: Government Printing Office, 1935); the annual reports of the Domestic Relations Court of the City of New York for 1937 and 1938; and *The Delinquent Child* (Section IV, C-2, of the White House Conference on Child Health and Protection. New York: The Century Company, 1932).

² "Psychotherapeutic Problems of Puberty," by F. J. Curran, M.D., *American Journal of Orthopsychiatry*, Vol. 10, pp. 510-21, July, 1940.

examined in a psychiatric clinic affiliated with the Domestic Relations Court of New York. Children who were obviously defective or psychotic or those accused of sex acts would usually be remanded to Bellevue Hospital at once, but the majority of the 300 cases had been given one or two previous trials on probation. In the 1938 Annual Report of the Domestic Relations Court, it is stated that only 1,360 out of 8,201 children who had appeared before the court had been referred to the court clinic for psychiatric examination, and that in 54 per cent of these 1,360 cases no serious abnormalities had been detected by the psychiatrists. The conclusion is reached that only 8 per cent of the children passing through the Domestic Relations Court are in need of psychiatric study.

From this report, it might be inferred that the children sent to Bellevue Hospital because of their recidivism, or because of abnormal physical or mental findings in the court clinic, would have a much more serious prognosis than the average case seen in other clinics.

Recommendations Versus Dispositions.—Of 300 recommendations made by us, 257, or 85.66 per cent, were carried out by the judges. In some cases, if the judge felt that the advice of the psychiatrist was not feasible, he would arrange for a conference or communicate by telephone with the hospital psychiatrist, informing him of his reasons for not following the recommendations. Occasionally, there would also be a difference of opinion between the court psychiatrist and the hospital psychiatrist, and the judge might arrange for a conference or accept the recommendation he believed to be the more reasonable one. The chief differences of opinion had to do with the disposition of non-psychotic, non-defective cases, for whom the question of probation or institutionalization had to be decided.

In 128 cases, we recommended that the boy be placed on probation, and in 119 of them this recommendation was carried out. Of these boys, 68 have made an excellent adjustment and have been discharged from probation. Eight have adjusted well except for occasional trancies. The whereabouts of one boy is unknown, as he and his family have moved away. One boy, a post-encephalitic, in court because of stealing, was believed to be psychotic, but we recommended that he be given

a chance at home before being committed to a state hospital. He was readmitted a few months later, having become more aggressive and antisocial, and was committed to a state hospital. A report received July 14, 1939, stated that he was still there.

Forty-one of the 119 boys adjusted poorly and later were sent to correctional institutions. Of these, 15 are still in institutions, while the remaining 26 are at home and adjusting fairly well, although one still is an occasional truant.

In going over these 41 cases in which the boy adjusted well in Bellevue and poorly on probation, we wish to emphasize that, in some cases, we had no outside history from relatives or from probation officers. Often relatives failed to visit the patient or gave conflicting histories in the hospital and the court, and we were unaware of these discrepancies. Because of extreme pressure of work and limited secretarial help, probation officers are sometimes unable to send us reports of their investigations within thirty days, and we are obliged to return the children to court under the mental-hygiene law which forbids our keeping patients in Bellevue Psychiatric Hospital over thirty days unless they are too sick, physically, to be moved. Moreover, we have no full-time social worker assigned to the adolescent ward, and thus are handicapped, not only in our home investigations, but in any attempt at modifying home situations or in carrying out psychotherapy. We have attempted to secure a visiting teacher who could serve as a liaison officer between the school and the hospital in order to prepare the teacher for the return of a delinquent who has been a school problem (because of a reading disability, a physical inferiority, or limited intelligence). Such a teacher could do a great service to the child as well as to the school. Unfortunately, the budget of the board of education does not permit of our having such a teacher.

In some instances, if the children made an unusually good adjustment in the hospital, we recommended probation even when there was a history of repeated delinquencies or a very poor home environment. We often observed that a child with a bad history would be a model patient for a few days, and then, later, his real personality would assert itself and he would be aggressive and destructive. We felt, however, that if a child could control himself for thirty days, he showed

signs of ability to adjust in the community in spite of his previous record, and this also was a factor in our recommendations of probation.

The average duration of institutional stay of these cases was 13.6 months. The situations that caused court reappearances and institutionalization were: stealing, 22 cases; truancy, 11 cases; running away, 2 cases; family trouble resulting in a request from the boy himself that he be sent away, 2 cases; neglect by parents while on probation, 2 cases; threatening to stab, 1 case; and stabbing, 1 case.

Thus, 41, or 34.4 per cent, of the 119 cases in which our recommendation of probation was carried out later were sent to delinquent institutions—2 because of neglect, 39 because of conduct disorders—and 15 of them are still in correctional institutions.

In the 9 remaining cases in which we recommended probation, the cases were, instead, sent to correctional institutions, 2 going to the Catholic Protectory (an institution for Catholic boys), 3 to Children's Village (designated as primarily for white Protestant children), and 4 to the New York State Training School at Warwick (a non-sectarian institution). The average stay in the institution of these cases was 10.4 months. Only one of the 9 is still in an institution, and that is due to the fact that he insisted upon living with his family, although the family situation is considered hopeless. Independent placement is being recommended by the authorities of Children's Village. Of the remaining 8 cases, 6 are adjusting well at home. One escaped from Warwick on June 25, 1938, sixteen months after being sent to that institution, and one ran away from home, June 25, 1938, one month after leaving Children's Village, where he had been for four months. The whereabouts of both these boys is still unknown.

For 62 of the boys, we recommended a correctional institution and this recommendation was carried out in 52 cases. We advised such placement only for boys who showed constant antisocial behavior in the hospital or who adjusted poorly and had records of antisocial behavior of many years' duration, with several previous trials on probation. In the hospital set-up, we have reduced discipline to a minimum and have tried to provide outlets for the boys' aggressiveness and energy through various forms of group activities, including

athletics, dancing classes, art, music, and so on. Certain restrictions are necessary, however, if the ward is to continue to function, and when individuals demonstrate their inability to accept these limitations, we believe that they require a longer period of treatment in a controlled environment. For example, certain boys repeatedly break windows, destroy light fixtures, or break tables and chairs. They also manifest aggressiveness toward others by injuring smaller boys, attempting to intimidate the staff personnel, or trying to practice sodomy or fellatio on weaker children. If they manifest such antisocial conduct only at the beginning of their hospital stay, or on only one or two occasions, we frequently recommend probation. When the offenses are repeated constantly, however, we recommend admission to correctional institutions.

It might appear that we were unusually strict in recommending such disposition in over 20 per cent of our cases, but it should be borne in mind that these cases represent the worst behavior problems in New York—the so-called “Dead End Gang” adolescents. If any one wishes to challenge this statement on the ground that delinquent adolescent girls are even more serious treatment problems, we would agree, but their delinquencies are of a different type, consisting chiefly of sex offenses.

The average stay of the 52 boys who were sent by the court to correctional institutions on our recommendation was 14.05 months. Of these boys, 36 are now at home, working or attending school and adjusting satisfactorily. Thirteen are still in correctional institutions, 11 of them in the original institutions and 2 in institutions for adult criminals. One boy died in Warwick of morphine sensitivity after a tonsillectomy; he was syphilitic. One boy, a severe psychopath, who had been instrumental in the killing of a girl, manifested homicidal tendencies in Warwick, was returned to Bellevue, and from there was committed to a state hospital where he still is. This case has been described in detail elsewhere.¹ One boy, after being in Warwick for fourteen months, was paroled February 17, 1939. On July 20, 1939, he was arrested

¹ See “Children and Adolescents Who Kill,” by F. J. Curran, M.D., and L. Bender, M.D. *Journal of Criminal Psychopathology*, Vol. 1, pp. 297-322, April, 1940.

with six other boys, accused of trying to burglarize a store. He was placed on parole, August 11, 1939, in an adult court.

Of the 10 cases that we believed should be placed in correctional institutions, but that were placed on probation, 5 have continued to make good adjustments and have no subsequent court records.

Of the 5 boys who were later returned to children's or adult courts, one passed counterfeit money and is serving time in a Federal penitentiary. He had run away from home three times after having been put on probation. A second boy was rearrested for stealing, was in the Catholic Protectory one year, and then ran away, but returned the next day and was later paroled. Arrested on July 3, 1939, for attempted robbery, he pleaded guilty, and is awaiting sentence in an adult court (September, 1939). A third boy was taken to court again because of sex offenses. He was sent to Hawthorne and is still there (August 1, 1939). A fourth boy was arrested for stealing and was sent to the New York City Reformatory, where he remained sixteen months. He has been out on parole since June 27, 1939. The fifth boy was returned to court because of truancy, and was put in the Catholic Protectory for eight months. In April, 1939, he was again in the children's court because of truancy and was ordered to attend school regularly or to get his working papers, as he was over sixteen years of age.

In 79 of the cases, we recommended that the boy be sent to a state school for mental defectives. In these cases, the children had I.Q.'s below 70, the 16-year level being used for computation on the Stanford-Binet test. In many cases, we used the Bellevue adult-intelligence test, which has been standardized by Wechsler.¹ Our recommendation was followed in 63 of these cases, the children being immediately returned to Bellevue for commitment through the state supreme court. Forty-six of them went to Letchworth Village and 17 to Wassaic State School. A recent report from Letchworth Village states that 25 of these boys are still there; 2 are at home on parole; and 14 have been discharged, 9 as improved and 5 as unimproved. One boy died of peritonitis;

¹ See *The Measurement of Adult Intelligence*, by D. Wechsler. Baltimore: William and Wilkins Company, 1939.

one escaped and is still at large; and 2 developed psychoses and were transferred to state hospitals. One of these was transferred to a state hospital on June 5, 1939, and a letter dated August 18, 1939, stated that the boy has "psychosis with mental deficiency, hallucinatory and paranoid trends" and is still in the hospital. The other boy was transferred to a state hospital on March 17, 1939, and a report from there states that he is still there and is definitely psychotic—at times silly, at other times destructive and showing signs of deterioration. One boy escaped from Letchworth Village, November 7, 1937—six months after his admission—and was subsequently committed through the adult court to the Institution for Male Defective Delinquents at Napanoch (March, 1938). Of the 17 boys committed directly to Wassaic, 14 are still there, one has been discharged, and 2 are on parole.

Of the remaining 16 mental defectives for whom a state school was recommended, 2 were not sent to state schools because the relatives opposed this procedure in the supreme court, and the boys were sent home. One of these has again been involved in stealing and recently (May, 1939), when we again attempted to secure his commitment, his family hired a lawyer and a physician and the boy was again discharged.

The other 14 were disposed of as follows: 6 went home and have had no further court contact; 3 went directly to correctional institutions, and are now home on parole; one went to a correctional institution and later was sent to a state school, where he still is (July 12, 1939); 2 boys went home and later were sent to Letchworth Village because of subsequent delinquencies (they are still there); one boy went home and later was sent to a correctional institution (is now home on parole); one went home and later was placed in an institution for crippled children.

Thus, of the 16 mental defectives who did not go directly to state schools on our recommendation, 3 are in such institutions now; 12 are at home, 4 being on parole from correctional institutions; and one is in an institution for crippled children.

In 16 of the 300 court cases, 5.3 per cent, we recommended commitment to a state hospital, and this recommendation was in all cases followed out. Three of these cases we diagnosed as "psychosis with mental deficiency," 3 as "psychosis due

to convulsive disorders," 3 as "psychosis with psychopathic personality," and 4 as "psychosis with other brain or nervous diseases." This last group included cases suffering from the sequelæ of head injuries or encephalitis who showed hyperkinesis and emotional instability to a very marked degree.

The facilities of the New York state hospitals for the care of adolescent patients are inadequate. This, of course, is true in other parts of the country also. It is our opinion that special wards for adolescents should be made available in at least one state hospital in each state. In New York State, there is a children's division at Kings Park State Hospital. This usually cares for children up to the age of fourteen, although occasionally an older child, if immature, may be admitted there. Older adolescents are placed with adults. Rockland State Hospital has a children's ward, but does not accept organic cases, nor does it accept boys over the age of twelve. The New York State Psychiatric Institute will occasionally accept an adolescent under fourteen on the children's ward, or one over sixteen on the adult ward, but has no facilities for most adolescents. We sent most of our psychotic boys to Kings Park State Hospital.

Three of these 16 patients are still in state hospitals, having been there fifteen, eighteen, and twenty months, respectively. The remaining 13 were in state hospitals from one month to twenty-five months, the average duration of hospital residence being eleven months. One of the boys still in a state hospital was an epileptic, with periodic outbursts of violence. Another was a psychopath with sex perversions who was also assaultive and destructive. The third boy had a history of encephalitis and head injury, and was sent to Bellevue after he attempted fellatio on a small boy and tried to bite off the boy's phallus. A few hours later, he attempted to strangle and sexually assault a small girl. In Bellevue, he was very restless and quarrelsome, and he has continued to show similar symptoms in the state hospital in which he has been confined for the past twenty months.

Of the 13 cases subsequently released from state hospitals, 10 are now at home. Eight of them were discharged as "improved." One, who had epilepsy, and whose mother was believed to be a prostitute, was discharged as "unimproved."

Another, with a diagnosis of "psychosis with mental deficiency," was discharged as "recovered."

The 3 remaining cases later were sent to correctional institutions. One of them, a psychopath with sex perversions, was taken to the children's court eight months after leaving the state hospital. The boy's father complained that he was drinking and using marihuana. He was committed to Warwick on December 28, 1938, and is still in that institution. A second boy was diagnosed in Bellevue as having "psychosis with mental deficiency," attaining a mental age of 9 years, 1 month and an I.Q. of 58 on psychometric tests. He was kept in the state hospital only thirty-four days and then returned to court as "not suitable for a state hospital." We then recommended that he be sent to a state school, but, instead, the children's court judge ordered his commitment to Children's Village. (He had obtained an I.Q. of 73 in the court clinic.) He ran away from Children's Village three times, and his whereabouts has been unknown since July 16, 1938. The last of the three had had poliomyelitis in early childhood and showed hyperkinetic and suicidal features in Bellevue. He was committed to a state hospital in spite of the opposition of his parents. Five weeks later, at the insistent urging of his parents, he was discharged from the hospital. Three months after leaving it, he again was in court because of assaultive and destructive behavior. He was committed to Children's Village in February, 1938, but remained there only four months, the parents having again demanded his discharge and constantly interfered with his treatment. He was discharged from probation in the children's court on December 21, 1938, and we have no further data about him.

Thus, we learn that of the 16 psychotic boys sent to state hospitals in 1937, only 3 are in the hospitals now. One is in a correctional institution, 10 are presumably at home, and the whereabouts of two are unknown.

The average hospital stay for the 13 discharged cases was eleven months. In this small series of psychotic cases, there appears to be no correlation between diagnosis and duration of hospital stay, some organic cases being discharged within a month, others being held for over twenty months. One mental defective who was psychotic was discharged within a month, while another boy with a similar diagnosis was in a

state hospital twenty-five months and then discharged as "recovered."

There were 3 non-psychotic epileptics in one group. We recommended that these 3 patients be committed to Craig Colony, a state institution for epileptics at Sonyea, New York. Two were sent there; the third was mentally defective as well as epileptic and was committed to an institution for mental defectives. One of these epileptics has remained in Craig Colony, having been there nineteen months (report of August 16, 1939). The second was released from Craig Colony, was arrested on a robbery charge, and was sent to an adult correctional institution (Coxsackie), as he had passed his sixteenth birthday. After being in Coxsackie seven months, he developed a psychosis and was transferred to a state hospital on February 28, 1939. A letter dated September 1, 1939, stated that he was still in the state hospital with a diagnosis of "psychosis with convulsive disorder." He is depressed, receives spiritual messages in his dreams telling him that he is going to get into trouble, is impulsive, and becomes involved in fights associated with epileptic symptoms. The third epileptic, committed to Letchworth Village because of his mental deficiency, remained there over a year and was discharged to his relatives as "unimproved" on February 10, 1939.

Our last group includes 12 patients for whom various recommendations were made: One was a boy with choreiform symptoms and emotional instability. We recommended that he be returned to Bellevue for fever therapy. This was not done; he was sent home, adjusted well, and was discharged from probation on February 9, 1938. In another case, we advised that the boy be placed on probation and sent to a C.C.C. Camp. Instead, he went home and has adjusted well up to the present, having been seen by one of the authors in 1939. A third boy, recently from Puerto Rico, had tuberculosis and wished to return to Puerto Rico. This course was recommended and carried out. A boy of superior intelligence, who quarreled frequently with his family, had stolen a book, *An American Doctor's Odessey*, and been taken to court. We recommended that he be placed in a military school, away from home, and this was done. Another patient had osteochondrosis of the vertebræ and we recommended he

be placed in a certain orthopedic hospital. This was done, the boy remaining in the hospital six months, after which he was discharged, the orthopedic condition being much improved. A sixth boy, a truant, who was malnourished and had undescended testicles, was sent to an institution for neglected Jewish children at Pleasantville, although we felt that he should be sent directly home. While he was in Bellevue, we were able to effect the descent of his testicles with "antuitrin S." He was in Pleasantville for several months, went home in January, 1938, adjusted well for over a year, and then, in June, 1939, was readmitted to Bellevue as a court case because of a recurrence of truancy. He has since been discharged from probation and is living at home.

In the 6 remaining cases in this group, we recommended that the boys be sent to institutions for neglected children, believing them to be more "neglected" than "delinquent." This recommendation was carried out in only 2 cases. One of these boys adjusted well and is now in a foster home (August, 1939). The other boy ran away from a farm school, secured a job almost at once, and is now self-supporting. Two other boys were sent directly home from the court. One has adjusted well, while the other was arrested for stealing and sent to Warwick. He ran away twice, finally adjusted there, and was discharged on parole in February, 1939. He is now making satisfactory progress at home. The last two boys were put in correctional institutions on their return to court from Bellevue, one remaining there for sixteen months, the other for nine months. Both boys are now at home; one of them is still a truant and is associating with doubtful companions (August 22, 1939).

Thus, of these 12 miscellaneous cases, 9 are at home, one has been returned to Puerto Rico, one is in a foster home, and one is working and living alone.

SUMMARY

Of 300 court cases examined in the adolescent ward of Bellevue Psychiatric Hospital in 1937, 201 are now at home, 47 are in state schools, 32 are in correctional institutions, 7 are in state hospitals, one is in an epileptic colony, 2 are dead, the whereabouts of 4 is unknown (these boys having escaped

from correctional institutions or state schools, or run away from home), 2 are awaiting trial or sentence in adult courts, and 4 have special placements in foster homes or in medical institutions. Of the 201 boys at home, we have reports that 10 are truants from school occasionally, but otherwise are making a satisfactory adjustment.

We realize, of course, that the mere fact that a boy has not had subsequent court appearances does not guarantee that he is adjusting well. We realize also that adolescents may adjust for several years and then resume their antisocial behavior. However, the majority of these 300 cases have been seen either by us or by probation officers at least one year after leaving Bellevue Hospital, and we can at least say that at the time of our study 67 per cent of these adolescent boys with court records were at home and apparently adjusting well, and only 10.66 per cent were in correctional institutions.

These figures are more favorable than those reported from many child-guidance clinics and, in our opinion, tend to suggest that a thirty-day period of observation and treatment in a psychiatric hospital is of positive value. We would recommend that similar wards for adolescents be instituted in other psychiatric hospitals and state hospitals.

H. DOUGLAS SINGER

H. Douglas Singer, of Chicago, professor of psychiatry at the University of Illinois, died August 28 from coronary embolus following an injury sustained in an automobile collision. He was buried in Santa Fe, New Mexico, near his farm home.

Dr. Singer was an Englishman by birth, but became a naturalized American citizen in 1912. Born in London, England, January 7, 1875, he was sixty-five years old when he died. Most men are ready to retire or have already given up active work at this age. This was not true of Dr. Singer. To judge from his recent activities, he was at the peak of professional productivity. At the time of his death he was President of the American Neurological Association and President-elect of the American Psychiatric Association. In addition to the duties in these positions, he was about to complete the organization and development of the new Illinois Psychiatric and Neurologic Institutes in Chicago.

His career was a long and active one. As a young man, he began to prepare for the ministry in the Episcopal Church. Although he gave this up for the practice of medicine, he has suggested that this early influence may have been a factor in his choice of psychiatry.

His medical training at St. Thomas Hospital and the Royal College of Physicians followed his graduation from the University of London. Throughout his teaching career he maintained that the hospital should be the center or focal point in the training of medical students. He pointed out that in the development of the English medical school, the hospital came first. Out of it the college grew; whereas in America all too often the development of hospital facilities followed belatedly the organization of the medical school.

Dr. Singer graduated in medicine in 1898. From that time until 1904, a period of six years, he continued his graduate training in the hospital, holding various residencies and assistantships. The thoroughness of his own training is probably

reflected in his insistence on extended bedside training for the graduate in medicine of to-day, and may well have been the basis for his active work as President of the American Board of Psychiatry and Neurology.

It was in 1904 that Dr. Singer came to the United States as associate professor of neurology at Creighton University School of Medicine in Omaha, Nebraska. After two years, he became associate professor of psychiatry at the University of Nebraska. During these years he served as Assistant Superintendent of the Norfolk State Hospital.

This early indentification with the state hospital was further evidence of his belief in the value of bedside training in psychiatry as well as in the general practice of medicine. He held that the well-trained psychiatrist is first of all a well-trained internist. In 1907, he came to Illinois as director of the newly formed Illinois State Psychopathic Institute, organized and equipped for research in human behavior. In 1916, he took over for the Illinois Department of Public Welfare the duties of state alienist, a position in which he served as advisory medical officer to the director for all state hospitals for the mentally ill. It was during this period that he assumed also the direction of the Illinois Institute for Juvenile Research as acting state criminologist, an assignment that terminated with the ending of the first World War. During the war period, he served as examiner on the Illinois exemption board, as consultant in psychiatry for the United State Public Health Service and the United States Veterans Bureau, an assignment that he continued to the time of his death.

There are many contributions for which Dr. Singer will be remembered. Probably he will be remembered best for his writings and especially for his editorial criticism of scientific articles prepared by others. His literary style was nearly perfect and he had the happy faculty of choosing words with the exact shade of meaning intended.

At his death he was editor-in-chief of the *Archives of Neurology and Psychiatry*, a position he had held since 1934. He was author of the section on mental disease in *Nelson's Looseleaf System of Medicine* and of the section on psychoneuroses in *Tice's Looseleaf System of Medicine*. With Dr. Krohn, he was co-author of *Insanity and the Law, A Trea-*

tise on Forensic Psychiatry. This was in part an outgrowth of the many times he had served as expert witness in mental cases before the courts. There were also many articles and papers dealing with his research activities. But, for the most part, he generously gave of his ideas to younger men in the field, encouraging them to complete investigations in human behavior.

Of ideas he never seemed to run dry. As recently as last year he proposed a new plan of instruction for students in the medical school, a departure from tradition so marked as to cause consternation in the minds of the more conservative. That students be taught to treat human beings rather than disease was his constant plea.

In spite of his many and diversified interests, he never lost his clinical contacts. He was actively and personally engaged in the examination and treatment of the mentally ill as Director of the Psychiatric Institute; attending neuropsychiatrist at Edward Hines, Jr., Hospital; attending neurologist at Augustana Hospital; and attending psychiatrist at the Milwaukee Sanitarium, a position he had held continuously for seventeen years. Much of his time was given to his private practice in Chicago.

Dr. Singer was a friendly person, with a quiet, kindly manner, who never lost sight of the scientific approach and whose work was his religion.

PAUL L. SCHROEDER.

BOOK REVIEWS

MENTAL HEALTH. Edited by Forest Ray Moulton and Paul O. Komora. (Publication of the American Association for the Advancement of Science No. 9.) Lancaster, Pennsylvania: The Science Press, 1939. 470 p.

"The resources for meeting the challenge of mental hygiene are by no means negligible; for their utilization one may need additional enlightenment, inspiration, organization, and direction." This closing sentence from the address of Dr. C. Macfie Campbell appropriately expresses the purpose of the volume under review, which is the record of the Symposium on Mental Health held by the American Association for the Advancement of Science at Richmond, Virginia, December 28 to 30, 1938. This is the fourth symposium of the association, the preceding ones having been devoted, respectively, to the cancer problem, tuberculosis and leprosy, and syphilis. It includes contributions from important psychiatrists, administrators, and sociologists on a wide range of topics in the field of mental health—psychiatric research, the causes of mental disorder, the economic aspects of mental ill health, the question of physical and cultural environment, mental-health administration, and professional and technical education in psychiatry. There are forty-nine formal papers, twenty invited discussions, and twenty-one informal discussions.

In the foreword, Dr. Forest Ray Moulton states: "These contributions represent a comprehensive survey of a public-health program that is very important, whether it is measured by the number of the afflicted, their sufferings, the economic costs of their care, the large uncertainties regarding the causes of certain types of mental disease, the difficulties of cure or prevention, the complexities of public administration, or the severe requirements for the education and training of specialists in the field."

In a society already burdened with an increasing incidence of mental disease and facing sterner political, social, and economic stresses which will tend to produce an environmental pressure of still greater intensity, it behooves psychiatry to enlarge its already expanding horizon and to reach out for means of measuring, understanding, controlling, and relieving mental illness. Psychoses and neuroses represent to a large degree the failures of individuals to cope with the stresses of adjustment to society. Psychiatry, therefore, must be ready to evaluate and to modify such stresses wherever pos-

sible; and, conversely—the psychosis or the neurosis being the best adjustment of which the individual is capable—psychiatry must examine closely the individual's assets and liabilities and must in every way reduce, through preventive means, the hazards of individual impairment of capacity.

In Section IV, which deals with the economic aspects of mental disorder, the magnitude of the problem is brought to our attention again in a forceful array of data. Statistical information is presented throughout this chapter that will be of value both to psychiatrists and to sociologists. It concludes with a number of specific constructive suggestions as to the reduction of costs and the rôle of preventive medicine in an organized effort at the conservation of economic resources.

Bringing the opinions of leaders in the various fields of science to bear upon psychiatric problems is always of value. The point of view of the clinical psychiatrist may thus be lengthened and deepened. New applications, new fields of usefulness, and new and profitable fields of research may thus be made available. In the words of Thomas M. Rivers: "The principal hope for the future of psychiatry is that it cease holding the position of an island lying off the mainland of medicine. It should be, instead, something like a promontory or headland of medicine; . . . the general tenets of science and the common rigors of scientific thought must be asked of the psychiatrist as well as of other clinicians."

Throughout the book broad points of view are presented by authorities in their various fields. Psychiatrists, educators, sociologists, mental-hygiene workers—in fact, every one interested in the problems of human welfare—will find it most valuable and helpful.

HAROLD D. PALMER.

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THE CHALLENGE OF ADOLESCENCE. By Ira S. Wile, M.D. New York: Greenberg Publishers, 1939. 484 p.

Students of human life have for centuries been fascinated by the phenomena of adolescence. The countless books and articles written about adolescence naturally reflect the special training and interests of the individual author. Dr. Wile, with his background of biology, psychology, sociology, and medicine, is in a particularly favorable position to give us a well-rounded and balanced picture of this interesting subject.

As the author himself states in the preface, his point of view is eclectic, and he holds no brief for any ism. The only prejudice in

the book—and this is surely a desirable one—is that in favor of adolescents. Significantly, the opening sentence is a quotation from Shakespeare: "I would there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting—Hark you now!" Dr. Wile calls this the challenge of adolescence. He answers it with 484 pages of passionate defense, and concludes with this sentence: "Adolescents are, and ever will be, priests of change and inspired oracles of destiny."

The sixteen chapters of the book cover in comprehensive fashion the various aspects of adolescent life. The author discusses physical maturation, sex, intellectual growth and education, emotional reactions, unconscious factors, family influences, companions and recreation, vocation and economics, religion and morals, social conflicts, delinquency and crime, neuroses and psychoses, politics, and ethics.

The best material in the book is the discussion of the effects of modern life on adolescents, particularly on their sex problems. Equally worthy of note are the views on education, with special reference to the education appropriate to a democracy. Throughout the book, Dr. Wile demonstrates his intimate familiarity with the joys and sorrows, the problems and dilemmas of adolescents in this turbulent modern world.

There is little in the subject matter with which one would wish to differ. Most of it, indeed, is now thoroughly standardized and well-accepted doctrine. Dr. Wile states it authoritatively, if not concisely. As a textbook, *The Challenge of Adolescence* should serve admirably in psychology courses.

Unfortunately, like many textbooks, the book is not easy reading. The author consistently uses a vocabulary that is replete with technical and unfamiliar terms. Most of these are not defined—for example, "thanatophobia," "voyeurism," "forgettery," "persona-animus." Several formulæ, equations, and intricate diagrams are also included. These undoubtedly will serve to make the student feel at home, but they must certainly add to the perplexity and confusion of the lay reader.

In striking contrast, the author frequently swings into prose of real beauty and vividness. For example, in discussing the danger of developing prejudice and intolerance, he says: "This can occur readily, for the adolescent bases of comparison and contrast are not so much rooted in experience as trained over a trellis of social opinion." Again, the adolescent is sometimes "allergic to the contiguous," and sometimes he takes "daring solo flights over the sea of life." Again, "Alcohol fertilizes wild oats"; "Hitler rode to power on the backs of youths in Germany."

The author's knowledge of medicine has added considerably to the meat in the book. Many physicians, however, might feel that in one or two places the meat is slightly undercooked. On page 413, for example, there is far too much emphasis on correlations between rather common adolescent traits and serious endocrine disorders. Many a parent on reading this might be misled and unnecessarily alarmed. On page 422, the author states: "The psychic factors and effects are almost as important as the physical in diseases like tuberculosis, exophthalmic goitre, mucous colitis, and even severe hemorrhoids and fissures." Very few medical men would countenance the inclusion of tuberculosis in this group.

The chapter on neuroses and psychoses should also be mentioned here. Its purpose—presumably that of giving parents and workers with adolescents the danger signals of mental disease—is certainly an excellent one. However, the author goes further and adds so much material regarding psychoses in general that the net effect is probably rather confusing than helpful. Here a little knowledge may well be a dangerous thing.

The almost complete absence of actual case material in the book is surprising. Considering the wealth of the author's experience, one wishes that he had written more of adolescents and less of adolescence. To the average reader, there is no substitute for factual clinical data. One might also add that the readability of the book could have been improved by the addition of more interesting and appropriate quotations from the literature. These are extremely rare in the book as it stands. All this would add spice to the meat.

Dr. Wile has erred far less than most writers in making a kind of fetish of adolescence. He has tacitly recognized that the problems of adolescence are really two—those of childhood and those of adulthood. The first are the familiar ones of the child-guidance field, occurring in adolescents just a little more severely and a little more persistently. The second are those of ambition and security, sex and creature comforts, morals, religion, philosophy, and the like. A few of these problems may be solved in the teens. The rest usually persist until adolescence merges with senescence.

PHILIP SOLOMON.

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THE PSYCHOLOGY OF PARENT-CHILD RELATIONSHIPS. By Percival M. Symonds. New York: D. Appleton-Century Company, 1939. 228 p.

This book is of sufficient importance to be worthy of a somewhat lengthy review. In his first chapter, *Some Basic Concepts in Parent-Child Relationships*, Dr. Symonds indicates how these concepts have

grown out of psychoanalysis and the Freudian ideology. From a review of the psychoanalytic and child-guidance literature, he concludes that there are two main factors evident in parent-child relationships: the *acceptance-rejection* factor and the *dominance-submission* factor. He formulates three aspects of the acceptance-rejection category—acceptance, rejection, and ambivalence—and three in the dominance-submission area—dominance, submission, and inconsistency; and he presents arithmetical calculations of the number of possible variations in the combinations and interrelationships of these three forms of each type of parent-child relationship.

Dr. Symonds mentions that in actual human relationships these theoretical descriptions are not so clear-cut and definite. He illustrates with clinical examples, such as the mother who fundamentally is rejecting toward the child, but because of her sense of guilt over her rejection tries to atone by overprotection at certain points.

The terms acceptance-rejection, dominance-submission, and their subdivisions, Dr. Symonds says, may be used to refer either to feeling or to behavior of parents, but unless the feeling is expressed in behavior, it cannot have any effect on the child. "Behavior in this sense, as the expression of feeling, does not have to be strongly overt, but may be subtle and elusive. It may be nothing more than a shrug of the shoulder, the lifting of an eyebrow, or a gleam in the eyes; it may be a chance remark expressing fondness or hatred; it may be the mere fact that parent and child do things together, or that the child is not included in the parent's plans and activities." (p. 23.) Tone of voice might also well be included in these examples of what is meant by behavior as an expression of feeling. With behavior defined thus, it is difficult to believe that there could be any situations in which parents and child live together in which the parents' feelings do not find some behavioristic expression. Whether or not this is the case, Dr. Symonds states that in his book he is using the terms "rejection," "overprotection," and so forth, to refer to behavior, whether or not the behavior is paralleled by feeling.

There is much else of interest in this first chapter, but we must leave it for the reader to discover and go on to Chapter II, *A Study of Parental Acceptance and Rejection*. This reports findings from a study of 31 accepted and 31 rejected children, matched as well as possible with respect to age, sex, intelligence, school grade, and social background. The outstanding differences between these two groups of children are summarized in part as follows (p. 79): "In general it may be concluded that accepted children are emotionally stable, well socialized, calm and deliberate, enthusiastic and interested. . . . Rejected children, on the other hand, show much emotional instability, and excess of activity and restlessness, are generally antagonistic

toward society and its institutions and show apathy and indifference." Certain other differences between the two groups of children are described, and data concerning the marital relationships and childhood backgrounds of the parents of the 31 rejected and the 31 accepted children are reported, with some discussion of the etiology of parental attitudes of acceptance and rejection.

The third chapter, *A Study of Parental Dominance and Submission*, compares 28 children of dominant parents with 28 children of submissive parents. As in the study of rejection and acceptance, the outstanding differences between the two groups of children are described; the marital relationships and childhood backgrounds of the parents are considered; and suggestions are made concerning the etiology of parental attitudes of dominance and submission.

Chapter IV, *Parent-Child Relationships as Revealed in Clinical Case Studies Reported in the Literature*, is brief because Dr. Symonds felt that the lack of controls and the lack of comparisons between different groups made it difficult to utilize the data from most of the clinical studies for drawing scientifically sound conclusions. Chapter V is entitled *The Varieties and Etiology of Parent-Child Relationships*; Chapter VI, *Pupil-Teacher Relationships*; and Chapter VII, *Counselor-Client Relationships*. Chapter VII is the longest of these last four chapters and will be of special interest to those engaged in either therapeutic or counseling work with children, since Dr. Symonds evidently sees the work of the counselor as very much akin to that of the therapist.

In discussing the distinction between the counselor and the teacher, Dr. Symonds quotes from Melanie Klein, Susan Isaacs, M. N. Searl, and Anna Freud, to bring out the opposing positions taken by Anna Freud, who believes that the child analyst must at times also be an educator, and by these other child analysts, who see analysis and education as incompatible. Dr. Symonds seems to side with the viewpoint opposed to Anna Freud's. Yet we may raise a question whether, in actual fact, the analyst can entirely avoid playing some educational rôle in the relationship with the child, even if there is an attempt not to do so. In one sense, the child's education takes place partly through his relationships with adults, with whom he identifies, and the process of identification may operate, at least to some extent, in the child's relationship with the therapist, as well as in his relationships with parents and teachers. Moreover, in one of the quotations that express the viewpoint that the analyst should not be an educator, mention is made of the occasional necessity of imposing limitations upon the child's behavior. There may be an educational aspect to the use of limitations, it seems to me, even when we are applying

such limitations for therapeutic purposes. Therefore, even those who would prefer never to take any position of educator in therapeutic work with children, sometimes may assume this rôle, at least temporarily. Anna Freud, however, undoubtedly does make a conscious, purposeful, and more extensive utilization of the educational aspects of the relationship with the child than do some other child analysts.

Under the heading, *Active Psychotherapy*, later on in this chapter, there is further discussion of the therapeutic utilization of restrictions. At one point in this discussion, using the illustration of the necessity of stopping aggressive attacks when the child becomes too disorganized, Dr. Symonds states (p. 209): "Effective technique suggests that they be not stopped by outright repression or prohibition, but by suggesting some other way of expressing the same aggression." But a little later on the same page, he makes another suggestion: "From the therapeutic point of view, the imposition of restrictions should be as disguised as possible."

It seems to me that restrictions rarely can be disguised (perhaps there is also a real question as to whether they should be disguised, even if this were possible) and that the real problem is better met by the suggestion first quoted, rather than by this second suggestion of disguising limitations. That is, the problem in the use of such restrictions or limitations as are therapeutically desirable is how to restrict or limit in such fashion that while the child may know that his behavior is unacceptable, he may also realize that there is no disapproval of the feeling that prompted the behavior. In other words, we need to apply restrictions of behavior without at the same time increasing any tendency on the child's part to deny and repress his feelings. I think that Dr. Symonds sees this clearly when he suggests that the child be asked to find some other way of expressing feeling, instead of continuing with ways that are not helpful for therapy or for the child; but I also think that he departs somewhat from this central problem when he makes the second suggestion that we attempt to disguise restrictions, if possible.

There is much more in this chapter on counselor-client relationships that might be discussed, but there are limitations that should be applied even in reviewing so stimulating and interesting a book as this one. It is a book that certainly should be read by those working with parents and children in any professional relationship, as well by students who are preparing for this kind of work.

PHYLLIS BLANCHARD

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EMOTIONAL PROBLEMS IN CHILDREN. By J. Louise Despert, M.D.
Utica, N. Y.: State Hospitals Press, 1938. 128 p.

The author of this book emphasizes a fact acknowledged by many workers who have attempted to get the child to express himself—namely, that “the direct approach is disappointing, not workable, and occasionally produces a negative attitude.” On the other hand, “children with behavior disorders are able to express spontaneously their feelings if an opportunity is given them through the use of an adequate medium.”

The object of the present study, according to the author, was “not only to present techniques and show that there exists a working relation between them, but also to establish their relation to the total picture, under hospital conditions.” The material consists of the productions of 22 children (6 girls, 16 boys) from four to nearly fourteen years of age, all of whom were patients on the Children’s Service of the New York Psychiatric Institute. They were classified as 16 primary behavior disorders, 4 psychoneuroses (psychasthenia, anxiety state, obsessive compulsive type) and 2 psychoses (one dementia praecox, hebephrenia, and one psychosis associated with epilepsy).

The methods employed in the study include the relating, at the request of the physician, of popular stories (fairy tales) and of the child’s favorite story, and the production of spontaneous narratives on the theme given by the physician (made-up stories, those dealing with a boy or a girl, and stories about parents and as many children as the child wishes to include). The “formal” version is written out in class for the teacher. A second “emotional” version is given orally to the physician. Verbatim examples taken down by the therapist during the interview with the child are included. The original story is compared with its emotional version and the differentiating items are used to indicate the relations of the child to his parents and siblings, as well as his fears and desires.

Part II of the book deals with an experimental play set-up—that of “using a knife under certain conditions.” The child is shown a sharp knife and the physician discusses “at length the difficulties and dangers involved in handling a knife.” The child is told that he is to scrape a piece of cardboard and that he is being locked in the room in order that the other children on the ward may not come in and use the knife “inadvisedly.” The child is not observed during the hour he spends alone in the room, since a one-way screen is not available. The physician interviews the child immediately after the daily scraping period and suggests the content that he wishes to obtain by asking such questions as, “What can one do with a knife?”

or, "Suppose you could do anything you wanted, what would you do?" The resulting material contains statements concerned with "cutting," "murder," "killing," "death," and "cutting bellies."

A phase of increased destructiveness, irritability, and quarreling follows this experimentation and then a phase in which there is "a free spontaneous expression of wishes and fears." These take the form of a recurrent theme which is expressed in many forms, verbal, plastic, or dramatic. Finally there is observed a tendency toward socialization and a reduction of destructive trends.

There follows, in Part III, a description of children's clay modeling and drawing, which, it is emphasized, is valuable only together with "the proper associations." The author again stresses the recurrent "theme" and states that "in all cases the children were productive and that their productions were of an aggressive character—in all cases the affect was aroused and this was generally hostility, in several cases mixed with anxiety."

Dr. Despert is of the conviction that "the central problem is that of aggressiveness and its sublimation." She cites literature dealing with this problem which, in the opinion of the reviewer, is unconvincing and which seems to have been accepted without being subjected to the usual criteria of scientific data. Thus she quotes Winnicott (*Clinical Notes on Disorders of Children*) as stating that "it is common to find that infants who are subject to convulsions (functional) have been weaned during the first few weeks." She cites this author as reporting "several cases in which the aggressive act of biting the breast when interfered with under traumatic conditions, such as severe anxiety reaction of the mother, precipitated the first of a series of convulsive attacks; in one such case, removal of the inhibition (by repeatedly allowing the biting of physician's finger) caused the disappearance of the fits"!

In Part IV, the method of encouraging "collective phantasy" is discussed. A make-believe skyscraper was constructed by the boys, and the girls' project dealt with the coming of Yuletide. The children themselves initiated the play of construction and were questioned directly as to what they would like to contribute. Through the medium of dramatic expression, imaginary radio broadcasts, drawings, poems, and dance and song, the skyscraper was built and Yuletide celebrated. Destructiveness was the common tendency among the boys. They entered into the game so actively that at times it turned into "general rioting." Potential leaders were observed and the topics of "suicide," "skeletons," "explosions," and "accidents" came into the discussion. The teachers reported that during the project the group as a whole became more coöperative and tolerant toward one another.

Part V describes the playroom, its furnishings, and the methods employed in handling the child and his utterances. The author states that "the psyche of the child reveals itself through motor expression" and cites Wallon as stating that "nothing can make an impression upon his [the child's] mind which does not occupy his muscles." Such dogmatism is not borne out by the detailed notes which are taken by the therapist as she observes the child as an individual-in-action in keeping with the present hospital situation and his past life situation. Interpretations are given "only so far as the material brought out by the child himself allows taking care that no attitude or feelings are suggested."

The author expresses her sympathy with Melanie Klein's teachings in the case of a child of three years, seven months, who had received and demanded daily enemata, and who was known to bite himself and his mother. This child had been observed to have erections while in bed with the mother. During the play he began to jam the toy trucks together and pulled off the tires from the "daddy truck" and the "baby truck" and later put them back. The author states that "there would be no difficulty in applying Melanie Klein's interpretations." It might have been more objective to say, "I don't know what this behavior means," and to put aside those adult interpretations which anticipate what the child has to offer before he is given an opportunity to express himself.

In Part VI the author takes up the "integration of the play methods" in the specific set-up of the children's service of the Psychiatric Institute. The routine hospital procedure as described by Potter is referred to, and facts contributed by the social worker, the teacher, and the nurse are reviewed.

In attempting to evaluate what the author has accomplished, one must take into account first the fact that all therapy is in the nature of a personal service. The material and its handling are of necessity highly individualistic. There are therapists who would have laid much less stress upon that "old devil" aggression and the need to get "him" out at any cost, no matter how "riotous" the procedure. The chances one takes when a psychotic child is placed alone in a room with a sharp knife must be considered. The author reports a choreic girl with compulsions who inflicted superficial cuts on herself before she learned to wield the knife.

The reviewer has the feeling that much of the material is fragmentary and a roundabout way of coming to grips with the actual issues. One wonders if it is necessary to arouse a child to such extremes of irritability and destructiveness in fancy and reality. Many of the children came from homes where they were criticized and beaten until they blindly fought back and lost the capacity for

self-discipline. They can profit from a new understanding in a hospital environment amidst the tolerance and kindness of nurses and teachers and by gradually learning what they themselves have contributed to the total problem. It has been possible to obtain the confidence of self-assertive children and a return to average performance without stirring up "a phase of increased destructiveness."

All through the text one gets the feeling that there exists such a thing as "aggressiveness." It can be "correlated" with productivity (p. 20); it "comes out" in drawings (p. 73); it is "released" during the collective-phantasy experiment (p. 79). The *child* who forces himself upon another individual, for reasons which he may or may not be aware of or have under control, is lost sight of. It is his Aggression, not *he*, who strikes out; therefore it follows that this Aggression must be treated. In actual ward practice, *the child is treated*, but the text is somewhat confusing because of this type of thinking.

The methods employed are clearly described. There is an excellent bibliography. The author has reported her experiences on an active children's service in a detailed, frank, and self-critical manner. The book will be of value to all those who are doing work with children. Dr. Despert has shown the way to a more intimate contact with the child. In working out these methods, she has earned the thanks of her patients and her fellow workers.

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PUNISHMENT AND SOCIAL STRUCTURE. By George Rusche and Otto Kirchheimer. (A Publication of the International Institute of Social Research.) New York: Columbia University Press, 1939. 268 p.

The present volume is another evidence, if more were needed, that Germany's loss of scholars is America's gain. The institute of which it is a production was established in Germany in 1923, closed by the German government in 1933, and reestablished under the ægis of Columbia University in New York in 1934. The purpose of the institute is "to make the social sciences useful for an analysis of the main tendencies of present-day society."

This work, which started as a study of the interrelationship between punishment and the labor market, has been expanded into an historical study of the social structure as it has modified or determined methods of punishment for crime. The authors, exhibiting a wide range of scholarship, deal particularly with Italy, France, Germany,

England, and the United States, and bring us from the Middle Ages down—or shall we say up?—to the present day.

Whereas in the earlier Middle Ages penance and fines were largely used, the latter being a fruitful source of income for the feudal lords, the later Middle Ages found an increase in population with diminishing productivity of the soil, an oversupply of labor, and a rise in predatory crime committed by roving bands, with the resulting development of mutilation, banishment, and capital punishment, often of brutal types (72,000 thieves are said to have been hanged during the reign of Henry VIII). The later rise of mercantilism and a greater demand for labor was coincident with the development of houses of correction and galley slavery as a means of utilizing the labor of convicts, only to be followed, as a result of the Industrial Revolution, with a decrease in the rise of prison labor and the development of transportation. The gradual abandonment of solitary confinement in the U. S. A. (the Pennsylvania system) is traced to the relative scarcity of labor in this country in the early days, and the resulting demand for prison labor. There are some data on new trends under Fascism which are highly illuminating.

These brief statements indicate the economic orientation of the study, an orientation that is not, however, by any means exclusive. The authors summarize their position in a manner that will find agreement among students of penology, whatever their particular approach. They say:

"The crime rate can really be influenced only if society is in a position to offer its members a certain measure of security and to guarantee a reasonable standard of living. The shift from a repressive penal policy to a progressive program can then be raised out of the sphere of humanitarianism to constructive social activity. So long as the social consciousness is not in a position to comprehend and act upon the necessary connection between a progressive penal program and progress in general, any project for penal reform can have but doubtful success, and failures will be attributed to the inherent wickedness of human nature rather than to the social system. * * * The futility of severe punishment and cruel treatment may be proven a thousand times, but so long as society is unable to solve its social problems, repression, the easy way out, will always be accepted."

The volume can be heartily recommended as "required reading," not only to professional students of the subject, but to those who have to do with the framing of the laws and regulations under which our offenders are at present none too successfully dealt with.

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CRIME AND THE MAN. By E. A. Hooton. Cambridge: Harvard University Press, 1939. 403 p.

After a detailed study of the results of anthropometric and observational investigations on criminals and—the reviewer would say, inadequate—"controls," Hooton has set forth the main results of that study in a book that will be hailed by some, slammed by others, and neglected, I fear, by most. The text, based on a course of Lowell Lectures, is of course very well done—bold, amusing in spots, and audacious in setting forth the findings. The text is based on field observations made by some of Hooton's students upon 17,000 subjects living in various parts of the United States, including both criminals and non-criminals.

In the text various chapters are devoted to "old-American" criminals; foreign-born criminals; crime and race in white Americans; the criminal and the civil insane; and Negro and Negroid criminals, both sane and insane. Finally there is an excellent chapter, *The Anthropology of Crime*.

There is a great deal in the statistical chapter of the book that is important. Thus, we find that different "racial" stocks are prone to different types of criminal behavior. Nordics tend to commit forgery and fraud, and are less given to sex offenses. Negroes and Negroids rank first in murder; Italians in assaults and sex offenses. Remarkably enough, Negroes are not high in sex offenses, including rape, but this is probably because inside the race this behavior is condoned.

The physical traits of the various types of criminal are considered. Thus, the tall-slender are given to robbery and homicide; the short-slender to burglary and larceny; the short-heavy type to sex offenses. Even in eye and hair color, nose form, and so on, the types of criminal differ. The book is a mine of information on the anthropological differences of types of offender.

Hooton reaches the conclusion that criminals are morphologically differentiated, and that this fact may in the future aid penologists in separating those who are amenable to environmental influences from those who are not. "Without waiting for the results of studies of constitution in relation to disease, mentality, and behavior," he says, "we must begin at once to fill that vast and shameful hiatus in our knowledge of man—human genetics."

Two features of the book that are striking novelties in a scientific work should be mentioned. The first is the set of remarkable illustrations, some by Dr. Hooton, others by a professional artist. They add much to the humor of the book. The other novelty is the humor in the text. This is shown sometimes in a pun, sometimes in a

striking contrast, a word shuffling (e.g., "in jail at home: at home in jail"), or a syllable shuffling ("Americanization vs. criminalization"). Dr. Hooton also uses words in an unexpected sense—(e.g., he speaks of criminals as seeming "less addicted to genealogy than to certain other vices"; of rape as "that illegal pastime"; of recently naturalized Americans "going to wave automatics instead of American flags and hold up the corner grocery rather than uphold the constitution"). These cracks keep the reader awake, and the author seizes the opportunity to dose him with new and important facts.

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CRIMINAL BEHAVIOR. By Walter C. Reckless. New York: McGraw-Hill Book Company, 1940. 532 p.

In twenty-two carefully and fully documented chapters, this book covers our present knowledge on the subject of the causes and treatment of delinquency and crime. For any one who wishes an orderly and exhaustive statement as to "where he may go to find" such-and-such, here is the answer. Through it all Professor Reckless is the critic—logically correct, but a bit too quibbling to render justice to many developing methods of approach that need encouragement. We are too new in this complicated field to scorn the aid of any tool.

Thirteen chapters admirably cover the various approaches to the problem of causation. They run the gamut of all the schools of the last one hundred years. References are legion; no pains are spared to carry the reader back to adequate and authentic original presentations; sociologist, biologist, statistician, and psychiatrist, each has his say. The author's criticisms do not go beyond what must be admitted—though one often wishes that he had the same keen sense of values for the advantages that he has for the defects of the various theories that have been developed.

From time to time through this part of the book appears Professor Reckless' plea that we develop a sort of actuarial approach—one in which we think of various factors not so much as "causes," but as "increasing the probability" of delinquency. This idea—not new—is well stated here and could, with profit, have been more clearly lifted out of the mass of critical reviews of other approaches.

There are seven chapters on the subject of treatment. These are equally well done, equally critical, equally calculated to give the reader the assurance that he knows what will not work. The author is perfectly logical in pointing out that what many persons have thought of as the prevention of delinquency is really only the preven-

tion of further delinquency. Once more, however, he fails to add that it is perhaps only as we learn more of the latter that we can make any attack upon the former.

Two final chapters deal with the efforts that have been and that are being made at the juvenile level—efforts toward a real prevention of delinquency.

The appendices are interesting, including "sample records," accounts of penal systems in Belgium and the Soviet Union, the prevention program in Austria, and so on. They are interesting reading, but suffer from being cut out too neatly from the pattern of their total setting.

I should consider the book quite indispensable to any one who wants to know "what has been thought by whom" in this field. This whole field, however, is bound to remain as fruitless as Professor Reckless points it out to be until we recognize that there is probably no such thing as delinquent behavior and that there is very little criminal behavior (the exception in this latter field is largely in the matter of such crimes as forgery or other "cold" affairs). Of the thousands of delinquents I have known, I have never met one who had decided to behave in a delinquent way. These children wanted to do something, wanted to get something, wanted to attain certain ends. In the resulting action, they happened sometimes to be apprehended in what happened to be considered a delinquency. For the individual, there is no such entity as "delinquent behavior" (which is a social term). Why, then, do we go on piling up conflicting statistics as to the mental or physical make-up or the family or the home conditions of delinquents? The kind of confusion that so confuses Professor Reckless will continue as long as we continue to try to measure the individual characters in a group of persons who have been placed in that category by a classification that is purely sociological.

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JUVENILE DELINQUENCY IN MASSACHUSETTS AS A PUBLIC RESPONSIBILITY: AN EXAMINATION INTO THE PRESENT METHODS OF DEALING WITH CHILD BEHAVIOR, ITS LEGAL BACKGROUND, AND THE INDICATED STEPS FOR GREATER ADEQUACY. Boston: Massachusetts Child Council, 1939. 196 p.

This study is a response to the challenge of Sheldon and Eleanor Glueck's work, *One Thousand Juvenile Delinquents*. "It is the product of a serious examination of the situation by a numerous group of Massachusetts citizens." The aim is to find "what a civi-

lized commonwealth should do, and can do, to reduce delinquency and its fruition into crime."

The nature of the concepts under which the study was undertaken is evidenced by these examples: "They show not only that crime is a youthful development, but that it is, in the majority of cases, the sequence of juvenile delinquency. The conclusion is that the production of criminals is out of a neglect of specialized, competent, and continuing treatment of youthful and even child offenders. . . . It is as much the community's job to look after its errant children as it is the job of the state to look after old age and unemployment."

A representative group of over one hundred men and women set themselves the task of making the survey, and assigned to the Child Council the task of developing and carrying through the study. The latter organized six groups, each composed of persons of recognized interest in the special field under investigation, and each group was assigned a division of the study as follows:

- I. Foster-home Placement of Delinquent Children.
- II. Legal Aspects of Delinquency.
- III. Provisions for Mentally Handicapped Delinquents.
- IV. Clinical Organization and Service.
- V. Responsibility of the Schools in Relation to Delinquency.
- VI. Institutional Treatment of Juvenile Delinquents.

At the end of each of the six divisions, there is an excellent summary of that part of the study. The view expressed on page 42 that juvenile delinquency is largely due to immaturity, and hence is non-criminal, illustrates the humane quality of the conclusions.

In the end, however, there is stressed the vast extent of juvenile delinquency, and the report falls far short of a solution that will cope with the problem and its development into crime. While this study is thorough, it makes no pretence at being a study of behavior or a search for the causes of delinquency.

The high standing of the personnel engaged in this investigation and the very considerable number of individuals who took part attest to the earnestness and application given to it. The very title itself—naming juvenile delinquency as a public responsibility—indicates the breadth of interest that they considered should meet this report. Only because I feel that those who gave of their time and effort so unstintingly to this study would be interested in a broader interpretation of the field that they have scrutinized am I making the following comment. To this reviewer it seems of the utmost importance to stress, and to stress over and over again, the urgent need for a scientific investigation into the underlying causes of delinquency and crime. Studies in this direction have been made by Trigant Burrow, who regards crime, along with insanity and war, as but conspicuous

symptoms of a widespread "social neurosis." Thus delinquency and crime are classed among the unsolved medical problems. Until medicine realizes its responsibility in this direction, we can do little more than care for the individual victims of a serious social pandemic.

The report ends with a "discussion of possible outcomes" looking toward constructive work, not only with children who are in school, but also with those slightly older boys who are not reached by any of the present organized activities.

Massachusetts is fortunate that its citizens possess the civic interest manifest in this report of their investigations.

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SLEEP AND WAKEFULNESS AS ALTERNATING PHASES IN THE CYCLE OF EXISTENCE. By Nathaniel Kleitman. Chicago: University of Chicago Press, 1939. 638 p.

No recent publication has given the reviewer more satisfaction than the present volume. In the first place, the author furnishes an unbiased summary of the important intervening literature and a bibliography which, together with the publication by Piéron in 1912, brings together everything that has been published up to date on this important subject. In addition, he advances a theory of the relationship of sleep and wakefulness that not only is in harmony with all the facts, but that also brings the subject matter into harmony with present-day views of the organism as a unitary whole and with the evolution concept.

Beginning with an exposition of the functional differences between sleep and wakefulness, he points out that in sleep there is a tendency to a relaxation of muscle tone, usually incomplete because of the assumption of a sleeping posture that requires muscle tone. The posture changes frequently during the night, so that the muscles involved in maintaining the posture also become relaxed in their turn. The turning of the eyes upward and outward and the contraction of the pupils are expressions of this relaxation. The deep and superficial reflexes are diminished or abolished, and the reflex time for those that persist is increased. These changes can be brought about by relaxation when awake. The response to scratching the sole of the foot of the sleeper is extension of the great toe (Babinski's sign) instead of the normal waking response of flexion.

Periodic sleep persists in the absence of the cerebral cortex, but the waking state is then brief and characterized by irritability and displeasure toward all stimuli, and the cycle is not adapted to the

twenty-four-hour period. The skin resistance of the palmar surface is increased. Brain waves show characteristic alterations in the sleep phase, which support the theory that the immediate cause of sleep is a functional isolation of the cortex. Changes in the composition of the blood which have been reported appear to be due to change of posture rather than to sleep itself. The heart rate is slowed in sleep, the blood pressure tends to fall, and the brain volume is either unchanged or increased. This latter fact is incompatible with the theory that cerebral anæmia causes sleep. The respiratory rate is often irregular, as a result of diminished irritability of the respiratory center. Changes in digestion metabolism and excretion either do not occur, or, in those instances in which they do occur, they can be accounted for by posture and relaxation without sleep.

Passing to the course of events during sleep, the author points out that the transition from sleep to waking or vice versa is gradual rather than abrupt, and that while it is possible to say that the subject is asleep at one time or awake at another, nevertheless this will be partly determined by the criteria (such as reflex changes, period of lying quietly, brain potential patterns, and so on) that one chooses, which do not always coincide temporally. The depth of sleep varies in a series of oscillations between deeper and shallower states, so that the curve is a series of waves which become interrupted by episodes of actual awakening toward morning, which also coincide with a tendency to greater motility toward the end of the sleep period and changes in the internal temperature of the body.

Conflicting evidence as to the significance of the known facts about dreams leads the author to postulate five possible explanations among which the reader may choose. He points out that one of these might be valid in one case and another in another. In any event, all of the evidence points to some interference with cortical processes, which may be interpreted as a result of fatigue of the cells of the cerebral cortex. This is further substantiated by the occurrence of hallucinations in those who have been deprived of sleep for a long time.

The duration of sleep is longer in infancy than in later life; the curve is polyphasic and gradually becomes adapted to a single period out of the twenty-four-hour day. The length of the sleep period is an individual characteristic determined, in part at least, by habit. The sleep requirements at all ages are actually considerably less than the official tables would indicate, and the author emphasizes the interference with the formation of sound sleep habits that comes from requiring children to remain in bed longer than their needs demand. This would call for a revision of the tables and a somewhat

different and more individualized attitude toward the problem, since tables based upon averages fail to fit the individual instance. Some people are able to pile up a sort of sleep indebtedness during the week and catch up on Sundays. Some people fail entirely to form a monophasic sleep pattern. Awakening is usually gradual when it is spontaneous, but may be fairly sudden when brought about by powerful external or internal stimuli. On awakening, performance is poorer than at night just before retiring.

The periodicity of sleep conforms to the fluctuations of the diurnal temperature curve of the body. The best performance usually coincides with the highest internal temperature and the poorest with the lowest. Whatever rhythm can be demonstrated in visceral activity is somewhat dubious because of conflicting results and is probably related to variations in activity and position of the body, variations in illumination, food intake, and body temperature. The characteristic sleep rhythm of an individual shows strong fixation in some subjects, but greater lability in others. When changes occur, the diurnal temperature curve shows coincident changes. There appear to be seasonal variations of motility during sleep, probably dependent upon the more immediate circumstances surrounding the subject, such as the weight of covers or their absence, the coldness of the bed beyond the sleeping area, and so on. The individual pattern shows more similarities than differences from season to season.

Experimental production of sleep can be obtained by inducing muscular relaxation or excluding impulses from the sense organs or by chemical, mechanical, or electrical assault upon various regions at the base of the brain. Experimental wakefulness is dependent upon continued muscular activity, and therefore introduces as part of the result the effects of the products of muscular fatigue. The visceral activities seem unaffected, but mental and muscular performance cannot be well sustained and there occur impairments of the personality function which suggest fatigue of the higher cortical levels. Spontaneous changes in the direction of increased or decreased somnolence are of diversified origins. Where significant, they point to disturbances at either the cortical or the thalamic-hypothalamic levels or both. This is true also of the effects of drugs upon the sleep curve.

The hygiene of sleep, as to time, periodicity, ease or difficulty of falling asleep, and so on is a highly individual matter. For those who care to do so, the development of a regular sleep-waking habit offers the best hope of improvement. The effort should be made to relax rather than to fall asleep.

The phenomena of hibernation and of hypnosis shed little or no light upon the problem of sleep.

In the light of the above facts, the author reviews previous theories of the sleep-wakefulness mechanism, finding it necessary to reject all those that are based upon purely neural or purely humoral reactions. The idea that sleep is due to the accumulation of fatigue products and is concerned with their elimination is negated by excellent evidence, perhaps the most conclusive of which is the wakefulness of one head while the other head sleeps in those monsters with two heads and but a single body. The idea of a sleep center that results in sleep when stimulated is replaced by the idea of a wakefulness center the activity of which is necessary to the waking state.

The evolutionary theory propounded by the author begins at this point. "A much more satisfactory theory can be built on the basis of wakefulness representing an addition of activities over sleep than by considering sleep as involving activities of a different kind." "Sleep and wakefulness are two phases of the cycle of existence, one complementing the other; and, while there may be a trough of deepest, most complete, dreamless sleep, and a corresponding crest of highest efficiency of performance in wakefulness, there are many intermediate points on the curve, with all possible gradations of depths of sleep and heights of wakefulness. There are variations in the wave length and amplitude, in this rhythm, and it will be my purpose to demonstrate that both of these variables are subject to phylogenetic and ontogenetic development."

He describes two kinds of wakefulness—wakefulness of necessity and wakefulness of choice. Wakefulness of necessity is manifested in the lower animals and in the young of higher animals, and it persists in the decortication preparations of experiment and of nature. It arises in response to proprioceptive and interoceptive impulses as well as urgent external stimuli impinging upon the mid-brain center. Its mental state is characterized by displeasure and irritability. It ceases when the stimuli are satisfied. It does not conform to the diurnal curve, and the animal fails to develop a well-formed diurnal temperature curve. Wakefulness of choice arises in response to cortical demands, is manifested only in animals with well-developed cerebral cortices, and is characterized by wider affective ranges, including the exhibition of pleasure. It ceases with cortical impairment resulting from fatigue of the higher cerebral centers, toxins including drugs, and so on. It is essential for the development of a monophasic sleep-and-wakefulness curve and for a well-formed diurnal temperature rhythm. It is essentially a prolongation *by choice* of the wakefulness of necessity.

Perhaps both the reader and the author will forgive the reviewer for so extensively outlining the book. There seemed no other way

to make it clear that this volume is in no sense to be compared to the usual popular presentations of the subject. This work is a scientific treatise on the problem of sleep and wakefulness which, while highly technical in spots, is still understandable, as to its basic argument, by any intelligent reader. The student of behavior in any field cannot well afford to miss it. Those who deal with the problems of sleep, whether research workers or physicians called upon to treat its disturbances, should be thoroughly familiar with the wealth of facts presented here. The intelligent lay reader will find more substance in it than in popular articles and should be able to get enough out of it to help him approach his own problems in the field more rationally. It is highly commended to all.

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SLEEP, YOUR LIFE'S ONE-THIRD. By Maurice Chideckel, M.D. New York: The Saravan House, 1939. 183 p.

In his very readable style, Maurice Chideckel discusses here the problems of sleep and insomnia. The book is divided into two sections, the first being devoted to the nature of sleep and insomnia, the second to the treatment of insomnia.

The author has included material that ranges all the way from the prescription of a lettuce sandwich as the ideal bedtime snack to discussions of physiological and psychoanalytic theory. This ambitious approach suffers somewhat from lack of collaboration; witness such statements as the following: "Not only does it [sleep] prevent . . . Korsakoff's syndrome . . . but it destroys the craving for drinks." "Sleep is the best and perhaps the only antidote for the disease [hysteria]." "One afflicted with schizophrenia does not sleep." "But even this disease [schizophrenia] is curable by fever therapy." A man who has once had gonorrhea "seldom or never is afflicted with enlargement of the prostate gland."

However, the book makes no pretense of being a text or a professional reference book. Its main function is the presentation of a wealth of practical suggestions, deftly reinforced by pointed case references. The book will no doubt suggest methods of approach to many who are confronted with unsolved problems in the etiology and treatment of insomnia.

The book itself will put no one to sleep; it is too readable, with its well-planned change of pace from didactic statement to case history and from laboratory theory to quotations of patients' com-

plaints. One of its pleasantest aspects is the unusual wealth of well-chosen literary quotations, which make it enjoyable as well as profitable reading.

M. B. DUFFEE.

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MENTAL DISORDERS IN URBAN AREAS; AN ECOLOGICAL STUDY OF SCHIZOPHRENIA AND OTHER PSYCHOSES. By Robert E. L. Faris and H. Warren Dunham. Chicago: The University of Chicago Press, 1939. 270 p.

This book is a detailed description of the relative distribution of mental diseases in Chicago. The methodology has, by now, a fairly long history, and it has been applied, among others, to the study of delinquency and suicide. The latter studies have shown that certain social phenomena are distributed in typical patterns. The indices of social pathology are high in certain sections of the city—for example, in the central business districts—and low in others. In particular, the indices decrease as one progresses in any direction from the central zone to the periphery of the city. The same technique has now been applied to the study of mental disease. The authors studied the admissions from Chicago to the public and private hospitals in Illinois that care for such patients, and established the residence of each patient within the city. This permitted the calculation of admission rates by areas and zones. The heart of the analysis is a description of the distribution of these rates.

Admission rates were found to be high in the Negro districts, in the slums inhabited by foreign born, and in rooming-house districts. They were low in the outlying sections, in the better-class apartment-house districts, and in the lake-front hotel area. The rates were highest in the physically deteriorated sections of the city, irrespective of the races that inhabited them. Dividing the city into concentric zones, with the business district constituting the center, it was found that admission rates decreased steadily in all directions as one traveled from the center to the outer zones. This distribution corresponds with that found in other types of investigation, and suggests a relation between the nature of the local community and the behavior of the people who live in it.

The authors next considered the distribution of schizophrenia, and found a pattern similar to that for all psychoses as a group. A noteworthy finding was the fact that foreign whites living in Negro sections had a higher admission rate of schizophrenia than the Negroes. As to sub-types, it was found that the distribution of

paranoids and hebephrenics followed the preceding pattern, but that catatonics did not cluster in the center of the city.

The distribution of manic-depressives differed fundamentally from that of schizophrenics, and this finding seems to be the most important statement of objective fact in the book. Whereas schizophrenia was heavily concentrated in the central and poorer districts, and decreased in relative frequency with the growing distance of each zone from the center, the manic-depressive psychoses were relatively infrequent in the interior zones, but seemed to increase in some of the outer zones. These patients came from sections of the city with fairly high cultural levels.

Several other groups of psychoses were examined in a similar manner. Patients with alcoholic psychoses and general paresis had a distribution similar to that for all schizophrenics. With respect to the former, it is interesting to note that Negroes had lower rates than whites living in the same areas. Drug psychoses were most prevalent in or near the center of the city. Admission rates with senile psychoses were highest in the Negro and rooming-house districts and among the foreign born. The distribution of psychoses with cerebral arteriosclerosis showed a concentration in the central business section, in the slums, and in the Negro sections, but there was no general regularity.

A cursory examination of the distribution of mental disorders in Providence, Rhode Island, seemed to corroborate the findings for Chicago.

What, now, is the statistical value of these results? It must be admitted that the regularity of the patterns of distribution adds greatly to the probability of their significance. Nevertheless, it should be remembered that the rates are largely uncorrected. It can hardly be doubted that the age constitution of the population varies from district to district, and since the outlying residential sections are likely to be affected favorably in this respect, they would tend to have lower rates of mental disease. In the second place, there is reason to believe that many of those described as residents of the central business district (the loop) are floaters, with periods of very short residence, who, strictly speaking, should not be accredited to this district. They serve, of course, to raise the rate. In the third place, in order to secure a reasonable number of admissions, the authors included a period of from ten to thirteen years in their analysis (1922-1934). Were the populations constant in number and in qualitative characteristics, this would not be a matter of statistical concern. We know, however, that there have been great shifts of population for some time, sections of cities gaining or losing to other sections of the city. Considering this in relation to known secular

trends in rates of admission to hospitals for mental disease, we see that there is a possibility of a spurious accuracy in the rates. Whether these difficulties are genuine, or exist only in the imagination of the reviewer, cannot be determined on the basis of the present data. Theoretically, however, they are important factors, and they make it desirable that the statistical consequences with respect to Chicago be verified in other localities.

We must pass next from the statistical aspects of the problem to their interpretation. Do the rates vary from area to area because of differences in the populations, or because of differences in the areas themselves? The authors reject the first hypothesis, and point out that rates in certain areas have remained high despite several changes in the types of population residing therein. On the other hand, the same population has varying rates, depending upon the areas of residence. The authors conclude, therefore, that there is something in the environment which influences the mental responses of the population. Chief of these is the fact of social isolation, the intensity of which varies greatly from district to district. Mental stability is dependent in large part upon the socializing process, and when the latter is weakened, the processes leading to mental deterioration are correspondingly strengthened. This is thought to account for the high rates of mental disease in sections of the city where life is disorganized, as in lodging-house district or districts where the foreign born predominate.

Whatever the process involved, there is little doubt that the environment is related to the causation of mental diseases. Surely, the fact that alcoholic psychoses, drug psychoses, and general paresis are most frequent in cheap lodging-house districts and in "hobohemia" is not without significance. Nevertheless, it is possible to push the argument too far. Is it not likely that there are selective factors determining the shifts of population within a large city? The successful within each population aggregate are constantly moving to more desirable neighborhoods. The failures remain in steadily deteriorating neighborhoods. If certain sections are characterized by social isolation, it is also true that it is the population that tends to give the neighborhood its peculiarities. The importance of the constitutional factor would seem to be emphasized by the fact that patients with manic-depressive psychoses distributed themselves in a manner quite different from that shown by all other patients. This is but another version of the problem of heredity versus environment. And we seem led once more to the conclusion that these factors do not work independently, but that mental disease is most often the result of the joint action of the two.

This book is a true pioneer study and opens up a rich field for further investigation. It is to be hoped that the field will be explored thoroughly.

BENJAMIN MALZBERG.

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NEW FACTS ON MENTAL DISORDERS; STUDY OF 89,190 CASES. By Neil A. Dayton, M.D. Springfield, Illinois: Charles C. Thomas, 1940. 486 p.

This book is the result of a vast amount of careful work. It presents a thoroughgoing analysis of 89,190 patients admitted to mental hospitals in Massachusetts during the years 1917-1933, inclusive. Although the study is statistical, the text is not burdened with tables. Graphs are numerous, but they are simple and easily understood.

The book opens with a consideration of the various factors that affected the rate of admission of patients during the several years covered by the study. The first of such factors was the World War; the second, prohibition; the third, decline in employment; and the fourth, the depression. The author finds that admission rates were high during the World War and that they declined during the first part of the prohibition period, reaching their lowest point in the year 1920. After that year the rates again rose, as a result, in part, of the greater use of alcohol and in part of the decrease in employment. The author points out that there was a marked decrease in employment in Massachusetts from 1923-1932, and that such decrease was accompanied by an increase in the rate of admissions. As the study goes only to 1933, the full effects of the depression are not shown. However, the figures given indicate a small increase in rate of admissions in 1931 and a slight drop in rate in 1932 and 1933.

The principal topics relative to mental disorders covered in the book are age, nativity, alcohol, marriage, clinical diagnosis, and increase of patients. In discussing age in mental disorders, the author states that "mental disorder is a disease of old age" and shows that the rate of mental disease increases with advancing age, but he later calls attention to the high rates of dementia praecox and manic-depressive psychoses between the ages of twenty and forty.

The author states that "males rather than females are the unstable sex," and refers to the fact that the rate of first admissions to mental hospitals is higher among males than among females. Later it appears that the difference results primarily from the greater prevalence of syphilis and alcoholism among males.

The author gives an excellent analysis of rates of admission among nativity groups. He finds rates in ascending order among the several groups as follows: native born of native parentage, native born of mixed parentage, native born of foreign parentage, and foreign born.

In his comprehensive discussion of alcohol and mental disorders, the author points out that chronic alcoholism appears as a prominent etiological factor in one-fifth of all admissions to hospitals in Massachusetts. He also states that over 40 per cent of male first admissions are classified as intemperate users of alcohol during the period from thirty to sixty years of age. Of special interest is his discussion of economic conditions and alcoholism, in which he states that his "finding is significant as it dispels the idea that the mental patient turns to alcohol to effect an 'escape from reality' in the face of financial difficulties." He finds that chronic alcoholism is more prevalent in urban centers than in rural areas and more prevalent among the foreign born than among the native born.

In his analysis of mental disease and the marital status, the author states that the married have the lowest probability of developing mental disorders of any of the marital groups. The widowed, the single, and the divorced, in that order, show a higher incidence of mental disorders. He also remarks that "we have known for some time that the married state is a protective factor of no mean proportions in the development of mental disorders. Strangely enough, the married or the types of persons who marry seem to develop a certain immunity to mental disorders."

The question, "Are mental disorders increasing?" is answered in the affirmative. During the period under discussion, the increase in admissions in Massachusetts averaged 75 per year, while the increase in patients resident in mental hospitals increased on the average 441 per year. It is apparent that the increase in resident patients is due principally to the accumulation of patients. Patients do not depart from the hospital as rapidly as they come in. The author summarizes the situation by saying that "mental disorders are increasing, but so gradually that all apprehension as to the seriousness of the situation may be discarded." However, it seems to the reviewer that a steady yearly increase of 441 patients in mental hospitals in Massachusetts and over 2,500 in New York State constitutes a matter of grave concern.

In connection with the study of the increase of patients, the author presents some interesting figures concerning the average hospital life of patients resident in the mental hospitals of Massachusetts. He shows that the average duration of hospital life of resident patients in 1929 was 8.9 years and in 1937, 9.7 years. The long and increasing period of treatment of a considerable number of patients is an important factor in causing the accumulation of patients in the hospitals.

Naturally, in dealing with a comprehensive book of this kind, a reviewer can refer to only a few of the many matters discussed by the

author. The book must be studied to be appreciated. It is interesting reading from cover to cover, and it gives a most remarkable review of the course of mental disorders in Massachusetts during a period marked by great social and economic changes.

HORATIO M. POLLOCK

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JACOB A. RIIS: POLICE REPORTER, REFORMER, USEFUL CITIZEN. By Louise Ware. New York: D. Appleton-Century Company, 1938. 335 p.

Riis may be considered the pioneer among the journalist-reformers who played such a prominent part in the great upsurge of social reform during the two decades that mark the turn of the present century. In the age of the "muckrakers"—journalists who not only investigated and exposed evil social, economic, and political conditions, but insisted on having them changed—Riis was followed by Lincoln Steffens, Upton Sinclair, Ida M. Tarbell, and others. Each found some particular area to work in, and each in his own way tried to awaken the American conscience, to shock it into action. If the early Lincoln Steffens limited his scope of action to exposing the "shame of the cities," Riis chose an even narrower field of operation: the "shame of the city slums."

His contemporaries knew the man through his vivid, widely circulated autobiography, *The Making of an American*. Miss Ware has performed a useful service by bringing him to the attention of the present generation in her interesting biography. The pedestrian style of her book is more than balanced by the honesty of her writing and the extensive research it reflects. The author attempts, with some success, to sketch her subject against the social background in which he lived and worked.

A carpenter in his native Denmark, Riis came to this country at the age of twenty-one, landing at Castle Garden in 1870. His first contact with America was bewildering and disillusioning, as it was to many of his fellow immigrants. The early years marked a desperate effort to gain a foothold in the new land; he knocked around the country picking up odd jobs and losing them, going hungry for days on end, almost driven to suicide at times. His experiences in those days included an awful night in a New York police lodging house, where he was robbed and ejected, while his little pet dog was killed by a brutal cop before his eyes. Riis himself was rushed to a ferry by the police and told not to dare come back to the city. But he did come back, drifted into journalism,

and became a police reporter on a metropolitan daily, where he "clicked" almost immediately. Attached to police headquarters, then located in the East Side district, Riis had plenty of opportunity to witness the crushing degradation of slum life. He envisaged the slum as a terrible monster crushing the life force out of its human victims; he hated it with all his heart and dedicated himself to play a St. George to this dragon. The dwellers of the dark tenements would, he thought, be forever freed if only the prison walls that hemmed them in their narrow cells could be demolished.

Thoroughly honest, deeply responsive to human suffering, vibrant with energy, Riis carried on a two-fisted campaign against the slums of New York. In articles and books he told the upper half of America "how the other half lives." With an extraordinary knack for painting word pictures, he figuratively thrust the slums, with their dark hallways and their dank smells, before the very eyes and nostrils of his readers in a way that impelled them to join the crusade. His writing may appear to us sentimental, but it got results.

In the course of his career as reporter-reformer, he chalked up to his credit the demolition of Mulberry Bend, most notorious of the slum blocks, and the erection on that site of a park. His work helped to raze other tenements and to build other parks. Bakeshops in tenements were prohibited as a result of a campaign he started after witnessing a number of fatal fires started in slum cellars where bakeries operated. His big "beat" on the pollution of the city's water supply brought about the purchase of the whole Croton watershed, assuring pure water for the city dwellers. He carried on a successful campaign for opening schoolrooms to boys' and girls' clubs; he secured playgrounds for slum children; he helped gain the passage of child-labor laws. When his friend Theodore Roosevelt (to whom he bore a striking physical resemblance) became police commissioner, Riis persuaded him to abolish the degrading police lodging houses of which he had first-hand knowledge. True, the municipal lodging house that superseded the police stations as a transient shelter was itself far from satisfactory, but it marked a distinct improvement over previous conditions.

Riis was not an original thinker, but he had the power to dramatize ideas and movements already in motion, and he contributed a great deal to their popularization by his ability as a propagandist. (It was Riis, incidentally, who introduced the idea of the "Christmas seal" campaign in this country, having witnessed its successful operation in his native Denmark.) Within the narrow limits of his chosen field of reform he worked intensively, and his ultimate influence reached far beyond the slums of New York to other cities.

He did not live to see the fulfillment of his heart's desire—the

eradication of the slums. They remain with us much as they did in his day. The victories gained in housing reform—despite the massive volumes produced by the movement since his day—are still little more than “token” victories. But his pioneering work, along with that of his confrères, served to lay the basis for a broader, more effective attack on the deep-rooted problems symbolized by the slums.

In tracing the rich life of Riis, Miss Ware has fortunately avoided the biographer's chronic temptation to exaggerate the virtues and overrate the historical position of the subject. Her portrait is Riis true to life, defects and all. A splendid bibliography is appended to the book, together with an index.

ALBERT DEUTSCH.

New York State Department of Social Welfare.

THE STARTLE PATTERN. By Carney Landis and William A. Hunt. New York: Farrar and Rinehart, 1939. 168 p.

Landis and Hunt report in this volume a great wealth of very significant and original research on the startle pattern. In response to a pistol shot, high-speed motion-picture photography reveals a characteristic behavior pattern in the normal adult, consisting of blinking of the eyes, which is invariably present, plus head movements, facial grimace, and general bodily flexion.

This response has many remarkable features. It is extraordinarily fast. On the average, the lid or blinking reflex begins in .04 seconds and is completed in .06 seconds. The entire pattern, including primary and secondary movements and return to the original posture, normally occurs in less than a second. The pattern behaves as a simple reflex: it habituates, but never completely; it is not markedly changed by voluntary inhibition or facilitation or by posture; it can be conditioned. The pattern appears in lower mammals and in a great variety of severe psychopathic and neurological conditions. It is absent in infants under two months, is exaggerated in catatonia, is weakened or often absent in epilepsy, and disappears under hypnotic suggestion.

Many of these findings were wholly unexpected and many are still inexplicable. The report is classical for the appropriateness of its instrumentation, for the minuteness and specificity of the phenomenon studied, for the wealth of new and unanticipated findings, and for the practical and theoretical consequences that will surely follow from further study.

FRANK K. SHUTTLEWORTH.

College of the City of New York.

THE TRUTH ABOUT CHILDBIRTH. By Anthony M. Ludovici. New York: E. P. Dutton and Company, 1938. 310 p.

The title of this book is at once a challenge and an indictment. If it does tell the truth about childbirth, one must infer that the truth has never before been told. It is inconceivable that somewhere along the line of eminent and respected obstetricians from Smellie to Williams there was not one man with the knowledge to recognize and the courage to tell the truth.

Certainly, if Mr. Ludovici is telling the truth for the first time, the Government of the United States is being grossly defrauded, since it has been, and is, spending considerable sums of money each month in the several states to conduct courses in obstetrics for the general practitioner.

It is always interesting when any individual discovers new ideas about a subject that has received serious scientific study for many years. In justice to the author, however, one should state that many of his contentions are doctrines that have been quietly preached within the medical profession for a long time. That these doctrines are influencing American obstetrics is shown by the consistently declining maternal and foetal mortality rates. One must not infer that these doctrines are not available to the general public, since there have been many excellent books written for the expectant mother, and a whole flock of pamphlets may be secured by any one who takes the trouble to write to the Children's Bureau in Washington, D. C.

A sensational book such as the one under review cannot hope to influence any one with the slightest amount of ability to discriminate between good and bad. Many of the ideas are sound, few are new. Half-truths and quotations from multitudinous, but selected authorities can be made to give a twist and a bias to any subject. An attempt to give an intelligent discussion of even a part of the ideas expressed would result in a hopeless muddle. Let's skip it.

WILLIAM F. MENGERT.

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MIND EXPLORERS. By John K. Winkler, with the collaboration of Walter Bromberg, M.D. New York: Reynal and Hitchcock, 1939. 378 p.

After a rather sketchy historical introductory chapter, the author of this book passes to a presentation in popular style of the lives of various personages who have been conspicuous in the advance of the science of behavior. These brief biographies are written with a certain intimacy, feeling, and sympathetic understanding that make

the characters stand out vividly. The historical facts are accurate so far as they go.

Naturally the selection of personalities for portrayal reflects the aims and interests of the writer. Hence, we have here for the most part the lives of the more spectacular contributors, and an omission of some who made no less important advances, albeit in a somewhat less striking way. Gall, Mesmer, Pinel, Tuke, Charcot, Galton, William James, G. Stanley Hall, Cattell, Terman, Yerkes, Lashley, Watson, Freud, Meyer, and Beers have their lives laid before us in terms of their contributions to science. We are shown the origins, historically and in their own lives and antecedents, of these various contributions and the trends that they started.

The book should have a wide popular appeal and is worthy of idle-moment perusal by those more deeply occupied in pursuing the trails opened by these leaders. There is a decided place for such a book. One would be grateful if the author would follow this with another work dealing with the lives of some of the other mind explorers who got left out this time.

LAWRENCE F. WOOLLEY.

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NOTICE

The following organizations, formerly at 50 West 50th Street, New York City, are now located in their new offices at 1790 Broadway, corner of 58th Street, New York City:

The National Committee for Mental Hygiene
The American Foundation for Mental Hygiene
The International Committee for Mental Hygiene
The American Orthopsychiatric Association
The American Association of Psychiatric Social Workers

NOTES AND COMMENTS

Compiled by

PAUL O. KOMORA

The National Committee for Mental Hygiene

OUR NEW ADDRESS

The National Committee for Mental Hygiene and associated organizations of the National Health Council have moved their offices to 1790 Broadway (southeast corner of 58th Street), New York City. The change of location was effected because the economic advantages enjoyed by the Council and its component agencies at 50 West 50th Street during the past six years were no longer available upon the expiration of their leases at that address. The facilities offered at 1790 Broadway are the most adequate to be found, and the terms the most liberal, in respect to space, rental, and service requirements. The location is one of the most accessible in the city and can be reached directly by the various subways and bus lines on the West Side and by transfer and crosstown connections from the East Side.

The thirteen affiliated and member organizations of the National Health Council, whose headquarters are in New York, and the National Health Library, as well as the Council itself, are housed at the new address, where they occupy six floors. The National Committee's offices are on the ninth floor. Associated with the National Committee in the same offices are the American Foundation for Mental Hygiene, the International Committee for Mental Hygiene, the American Orthopsychiatric Association, and the American Association of Psychiatric Social Workers.

NATIONAL COMMITTEE TO HOLD ANNUAL LUNCHEON MEETING
ON NOVEMBER 14

The National Committee for Mental Hygiene will hold its Thirty-first Annual Meeting with a luncheon at the Hotel Roosevelt, New York City, on Thursday, November 14. Dr. Adolf Meyer, Director of the Henry Phipps Psychiatric Clinic, Baltimore, and President of the National Committee, will preside at the luncheon, during which staff reports will be briefly presented.

The major part of the meeting will be given over to a scientific program, to consist of a series of short presentations on selected topics by authoritative speakers, in which the progress of mental-health work will be reviewed in its various aspects. Dr. Edward A. Strecker, Professor of Psychiatry, University of Pennsylvania, and Chairman of the National Committee's Scientific Administration Committee, will introduce the speakers.

Both the luncheon and the scientific session are open to the public and all friends of the National Committee and of the mental-hygiene movement are cordially invited. Reservations for the luncheon should be made in advance of the meeting, and checks (\$2.00 per plate) should be sent to The National Committee for Mental Hygiene, 1790 Broadway, New York City.

CONFERENCE OF MENTAL-HYGIENE EXECUTIVES

Representatives of state and local mental-hygiene societies met in Cincinnati last spring for a conference, sponsored by The National Committee for Mental Hygiene, in which the work of these organizations was critically reviewed in terms of the need, recognized for some time, of drawing them into closer functional relationship and promoting a better integration of national and local programs, thus increasing the scope and effectiveness of their respective activities and strengthening the mental-hygiene movement throughout the country. The meeting was a sequel to one held the year before in Chicago, at which mental-hygiene-society executives explored the possibilities and staked out the broad field of organized mental-health endeavor for further study. It is planned to hold similar meetings of the group each year as a stimulus to creative planning and progressive advancement toward its stated goals and objectives.

At the Cincinnati meeting, reports were presented by a number of executives to whom various topics had been assigned as a first step in a continuing study that would pave the way for a constructive approach to common problems. It was felt that a preliminary survey of the current interests and activities of these organizations, with a

critical appraisal of their strengths and weaknesses, would crystallize the issues and facilitate the task of bringing their aims and activities into sharper focus in relation to the more pressing mental-health needs in the several states and in the nation as a whole. Pointed questions were put to the organization executives in a series of inquiries addressed to one phase or another of their work, the answers to which furnished a basis and point of departure for the conference. The discussions were characterized by an engaging frankness and a disposition to face realistically whatever critical implications were revealed by this "cross-examination" of achievements and shortcomings. For the most part, however, the reports were "descriptive," tending to bring out such facts as would give the conferees a broad picture of the present status of state-society work.

Educational Activities

A running survey of the programs of state mental-hygiene societies, presented by Dr. Henry B. Elkind, Medical Director of the Massachusetts Society for Mental Hygiene, showed, to begin with, that most of the societies have programs devoted mainly to educational work and to developing and improving mental-hygiene resources in their states. In his discussion of educational activities, Dr. Elkind gave special attention to the production of printed materials. He pointed out that "probably the most important single type of printed matter used by state mental-hygiene societies that has persisted through the years" is the periodical bulletin. These bulletins are published under various titles by twelve of the state societies and are issued from four to nine times a year. They consist of from four to eight pages and, with one or two exceptions, have maintained their original formats.

"It is difficult to measure the value and effectiveness of these periodicals," Dr. Elkind said, "but of one thing we are certain, that of all material published by state mental-hygiene societies, these bulletins have maintained themselves for the longest period of time and seem to have survived almost every vicissitude of fortune which has befallen these societies." Further proof of their value is to be found in the fact that industrial organizations and even professional societies have found it necessary to have house organs to bring to interested people in their communities periodical reports of their activities and programs. "Whether or not they are doing their job as effectively as they could is open to question," Dr. Elkind continued. "In my opinion, the monthly or similar bulletins, other than that published by the Missouri Society (a 48-page quarterly), can have only a very limited usefulness, due to the fact that they are so limited in size. This means that in general it is difficult to interest more than one or two groups through the contents of each issue. In

states where organized mental-hygiene work is just beginning, this may not be important, but in Massachusetts there is a growing demand that the society's bulletin go beyond its original purpose of being a house organ, and it is now proposed to change it to a quarterly periodical having adequate space to make it possible not only to present interpretative material of the program and activities of the society, but to provide interesting material to various professional groups and to the laity."

Another serious limitation of the effectiveness of current periodical bulletins, Dr. Elkind pointed out, is the fact that they tend to reach, generally, only individuals who are already interested in mental hygiene. This means that state societies on the whole are not reaching the general public. How to reach the general public is a major problem for all state mental-hygiene societies, and it is probably one that can be economically solved only by utilizing the local newspapers, something that very few of the societies are doing now. Dr. Elkind suggested that a "news service" be made available by each society to every important newspaper in its state.

The literary quality of mental-hygiene publicity also came in for criticism by Dr. Elkind, who compared it unfavorably with what is produced in other fields of public-health education. In general, the material that is published is not easily understood by or interesting to the average person, and if greater consideration were given to literary style, clarity, and interest, even when one is approaching groups already conditioned to mental hygiene, general acceptance of and interest in published material would be more definite and complete. In spite of all this, Dr. Elkind held that a small monthly bulletin "is still a good investment, where funds are limited and one has to decide on a single avenue to utilize for the printed word."

The circulation of pamphlet literature, either printed or mimeographed, also represents an important activity for many of the societies, Dr. Elkind reported, most of the societies distributing large quantities of pamphlets, mainly reprints from *MENTAL HYGIENE*, the National Committee's quarterly. A few of the societies are issuing an increasing number of original pamphlets and leaflets of their own, written in a more or less popular style. Several of them also have growing libraries of books and magazines and other publications which are accessible to their members and to the public.

Exhibits and Films

Very few of the state societies have exhibits or other forms of visual educational material, and only one has attempted the showing of a motion picture, this being of a medical nature, a demonstration of insulin and metrazol therapy. "There is a striking dearth of posters

and exhibit material in the mental-hygiene field," Dr. Elkind said. "This can be explained partly by the fact that a good deal of our material is on an abstract level and very difficult to represent in graphic form. This means of education is apt to be quite expensive, but its effectiveness is so great, as has been demonstrated in other fields, that it would seem worth while to make every effort to secure funds for this purpose. Sporadic experiments along this line have been attempted here and there, which seem to justify the hope or possibility, but for some reason these projects have tended to die out. The most effective way of reaching people is through the eye, and unfortunately our state mental-hygiene societies have not made much use of this approach."

Dr. Elkind recommended that one central agency in the mental-hygiene field be charged with the production of high-standard educational material that can be made available to the other mental-hygiene agencies at cost. As it is generally quite expensive to prepare such material, what with the high cost of competent personnel and the need for the services of specialists in publicity, there seems to be only one way for state societies to solve this problem, and that is for an already constituted agency to carry on this work for all of the state societies on a self-supporting, sharing basis. "My recommendation, therefore, is that The National Committee for Mental Hygiene be requested to consider this new function. To make such a plan possible, every state mental-hygiene society should be asked to contribute a certain amount to the National Committee for the purpose of providing this service and to agree to purchase a certain share of whatever is produced." This service, he said, should not only provide pamphlets, leaflets, and the like, and an advisory service for local material, but should also design and plan exhibits that could be utilized by state mental-hygiene societies and adapted to local needs.

The use of exhibits was also discussed by Martin B. Loeb, Research Assistant of the Illinois Society for Mental Hygiene, who emphasized the requirements in cost, time, energy, and special techniques. In the experience of those who have engaged in this effort, however, he said, exhibits have been found very helpful in educational work and they have been worth the time and money invested. He considered the motion picture as undoubtedly the most effective of all means of educational publicity, and agreed with Dr. Elkind on the need for expert services in their production. "The best solution, in my opinion," Mr. Loeb said, "is to have the National Committee produce exhibits and exhibit material in quantities so as to bring the price within reach of all of us. This applies especially to poster materials and films. Printed posters can be made very cheaply in large quantities, and in the same way, films, if produced on a national scale, can be easily paid for."

Radio Programs

Mr. Loeb also discussed the radio as an effective medium for education in mental hygiene, and described the activities of the Illinois Society in this field. No state mental-hygiene society apparently makes as extensive a use of radio as the Illinois Society, which conducts a weekly broadcast, except during the baseball season. From 25 to 50 letters are received by the society every week in response to these broadcasts, and an uncounted number of people telephone for appointments for consultations. The value of programs of the lecture type was discounted as "dry stuff," lacking in drawing power and uninteresting except to those already favorably conditioned to them by prior interest in mental-hygiene. The main problem, Mr. Loeb said, is to "put life" into the radio program—to compete with other educational and commercial programs that have entertainment value. "To do this we must revise a good many of our preconceptions about adult education. In the first place, we must give up certain notions that some subjects, because they are scientific or helpful, should not be oversimplified or brought down to the level of a soap advertisement. If we really think we have something to say, it ought to be said as vividly and as palatably as possible. Let us use the listeners' language to say what we want to say."

This can best be done, Mr. Loeb said, by dramatizations of one kind or another, and he cited as an example the National Broadcasting Company's Friday evening program, called *Human Nature in Action*, in which Harold Lasswell discusses the psychological mechanisms of various personality types which are portrayed in action by experienced actors. In this program dramatization and lecture or comment are combined.

"We have experimented, in Chicago, with a few types of program in coöperation with the Columbia Broadcasting System," Mr. Loeb continued. "In one program we dramatized the neglect by parents of a son's depression which led to a suicide attempt. This was then discussed in three one-minute statements by outstanding psychiatrists who were, of course, impersonated on the air. This is a fairly useful type of program because it shows the type of problem and what can be done for it. Another program used the dramatization-plus-narrator technique. This is the most effective type and we are trying to work this out further in the hope that it can be put on a national network. In this program the technique is to present a person with a mental-health problem, with a flash-back to childhood to show how this problem developed, then another fade-back to show what could or should have been done in childhood to prevent this problem, and ending with what has to be done now for this person."

The problem of achieving radio publicity of this standard, Mr. Loeb said, is not so difficult as it seems, if we consider the extensive community resources to be tapped and the assistance that radio stations, always on the lookout for good sustaining programs, are prepared to give. "The stations know that psychology and human problems are a current fad and that mental-hygiene societies are reputable agencies, and all this can add up to real coöperation. The W.P.A. Writers' Project and the amateur dramatic groups can help. With a little initial push a great deal can be done and is likely to be accomplished without much time and effort. The other possibility is that if some of these programs are put on a national network, there could be some arrangement whereby the local station would tie in an announcement of the local society and what it offers and what it does. The responsibility for organizing this could fall either on such an organization as this, if it were formalized, or more properly on The National Committee for Mental Hygiene."

Community Activities

Other aspects of state-society work were discussed by various speakers. How mental-hygiene work can be stimulated and coördinated through general community activities was the subject of a study presented by Miss Marian McBee, Executive Secretary of the New York City Committee on Mental Hygiene. Inquiries among twelve of the mental-hygiene societies that participated in this study revealed such a wide variation in organization, function, and status of development in the several communities that "there is very little that the societies have in common in this field of activity," Miss McBee said. One society reported that its program was largely clinical in character. Two reported special demonstration projects in schools; and eight spoke of the participation of their staff members in various kinds of community activity other than those falling directly under the heading of mental hygiene.

The outstanding activities of this character were those reported by the Illinois Society, which is engaged in two demonstrations, one in a family-welfare agency and one in a state university; the Oregon Society, which is doing consultation with character-building and group-work agencies; the Washington Society, which is giving special consultation service to the Health Department and Children's Division of the Social Security Department; the New York State Committee, which is working with five state departments—education, mental hygiene, health, correction, and social welfare; and the New York City Committee, which functions as the Mental Hygiene Section of the Welfare Council.

Clinic Services

A study of state activities in the clinic field was made by Dr. Ralph P. Truitt, Executive Secretary of the Mental Hygiene Society of Maryland. Dr. Truitt found that four state societies—those of Connecticut, Illinois, Massachusetts, and Oregon—sponsor state-wide clinic services on a fairly large scale, mainly by coöperating with the state departments and institutions and with private sources. Five others—Delaware, Michigan, Indiana, North Carolina, and Pennsylvania—have done or are now doing similar work in a limited way. Most of these feel that a mental-hygiene society or committee should undertake clinic services only as a demonstration measure. One emphatically expressed the belief that time and money can be better spent on educational work, especially with professional groups, and in developing resources, including clinics, through pressure on state and local groups, in mental-hygiene, health, welfare, and educational fields. On the other hand, one society feels just as strongly that it is a severe handicap in fund-raising not to operate or organize clinics, a clinic "being a tangible thing that a prospective donor can visualize."

A second group of state societies administer clinic services which are largely limited in function to the city areas that finance them. Most of them, however, coöperate with other agencies in developing state-wide clinic facilities. In this group are California (Southern), Maryland, and Rhode Island. Functioning in a somewhat similar, but limited fashion are Washington and Wisconsin. The remaining state societies are not contributing especially to clinic development, although some are attempting to promote interest in the provision of needed clinic facilities.

Causes of Inactivity or Failure

The causes of inactivity or failure in organized mental-health work were analyzed by Dr. Esther H. de Weerd, Executive Secretary of the Wisconsin Society for Mental Hygiene, who based her study largely on an evaluation of the programs of active and effective groups. Dr. de Weerd thus sought to determine the factors that accounted for the persistence of the "living organizations" for mental hygiene, deducing from this that it must be the absence of such factors that account, in considerable measure, for the demise of similar movements elsewhere.

For example, among the desiderata for a viable mental-hygiene society is the employment of one or more paid workers, necessitating, of course, the provision of a stable, even though limited, budget. Another *sine qua non* is understanding and versatile leadership, especially during the pioneer period when program and procedures

are being initiated. Wherever possible, leadership is delegated by successful societies to those prominent in related fields, who, with their lay supporters, assume responsibility for mental-hygiene interpretations. Public employees officially involved with state mental-hygiene services are best brought into the organizational program in an advisory capacity. In this way they need not be officially embarrassed by any position or action that the organization may feel compelled to take, while the society itself is left free to act in the best interests of those whom it seeks to serve.

Another conclusion of Dr. de Weerd's study is the tonic and unifying effect to be derived from the challenge presented by certain mental-health needs of the community. The more active societies, it was observed, seem to have attained their greatest growth when some large-scale or definitely visualized movement, such as the attainment of a hospital, a much needed institution for the mentally defective, or the organization of some other vital service, was being promoted. Alert and progressive leaders also have immediate as well as ultimate objectives for their membership.

A corollary to this is the importance of committee work with a membership selected for purposes of spread of knowledge and responsibility as well as for professional understanding and support. Committee work involves continuous planning and supervision, but if the program is to be effective, one responsible person must act to correlate and coördinate the work of the committees. During sessions of the state legislatures, alert societies watch developments very closely, and appearances at hearings by those unselfishly concerned and unaffected by state-employment considerations often serve to head off undesirable legislation. Promotion of improved legislation relative to the care and treatment of the mentally ill and the mentally retarded is a vital object in every state.

Mental-hygiene forces have acted wisely in seeking to capitalize on the preventive programs of other public-health movements, the analogy of purpose and procedures serving to portray in graphic fashion the practical intent of the mental-hygiene program. The consideration of the child as of prime importance in the prevention of mental illness is the more readily accepted because of the longer established work with infant and maternal health and communicable disease. In fact, the public-health people have pointed the way for a practical community mental-health program. And demonstrations of mental-hygiene services exist where there is a sufficient budget and trained persons on the staff. This is a graphic method of education and it promotes interest in the establishment of local clinics. It also serves to show the need for state services for communities that are not financially able to provide for themselves.

Dr. de Weerd stressed the importance of educational activities as

fundamentally requisite to sustained organizational effectiveness in mental-hygiene work. "Living organizations and publications seem to go together." The periodical method of education especially serves to bring timely information to those who should take an intelligent view and a clear-cut position on problems of importance to local and state development. Overshadowing all, however, is the imperative need for financial support. "Sufficient funds for the employment of a full-time executive secretary and of an office secretary are essential. It is obvious that one person must be charged with promotion and continuous supervision of organizational activities. If this is paid and not volunteer service, the board of directors or the executive committee can be exacting in their demands for a vital program. Unless there is sufficient interest to obtain funds for these essential services, the organization is due for a desperate struggle and an ineffective program resulting in discontent, indifference, and ultimate dissolution."

Financing State Societies

Dr. Alex Blumstein, of the Minnesota Society for Mental Hygiene, addressed himself to the question of financing, asking which techniques work well and which fail, and why they succeed in some circumstances and not in others. Generalizing from the findings in his study of the experience and practices of the various state societies, Dr. Blumstein laid down as his first proposition that a financial campaign must be based on a definite program, and that the amount of money needed and the purposes to which it is to be put must be perfectly clear to those engaged in the financing activities. "It does not appear wise first to attempt to get the money and then decide as to its use. People are hesitant about contributing for vague purposes." Secondly, there can be no rigid formula, the method of financing depending on the program of the society and the available resources in the community. The ideal, Dr. Blumstein said, is to get as much as is needed from as large a number of people as possible, so that the life of the organization will not depend on a few sources. This is rarely achieved in practice.

Personal solicitation seems to be the most common method of obtaining funds. Another fairly successful method is by giving lecture courses, a number of the societies deriving a substantial income from this source. The organizations most successful financially obtain their funds chiefly from community funds or similar agencies and from large contributions. It is possible for state mental-hygiene organizations to obtain money from city community chests provided service is given to individuals in that city, especially those in the low-income and dependent groups. This may be accomplished

through providing consultative services to the social agencies that participate in the fund. One state society obtains 75 per cent of its budget from a city community fund. Of the 15 organizations that replied to Dr. Blumstein's questionnaire, five receive very substantial aid from a community fund or similar agency. Large personal contributions form a substantial part of the budgets of four of the organizations. One correspondent warned against a financial drive during the income-tax month and another stated that it is a poor policy to ask for contributions more than once a year.

Practically every society obtains some money from membership dues, which range from \$1.00 annually to \$500 or more in the case of benefactors. Regular membership dues range from \$1.00 to \$5.00. One state society obtains some of its funds by assessing its branch societies \$1.00 per member. Another looks to former mental patients as a prospective source of financial help, on the premise that those who have had some experience with mental illness in their families are more likely to recognize and appreciate the merits of the mental-hygiene program. Still another potential source is in the cultivation of those who, while they may not be able to help greatly during their lifetime, can be interested in providing for mental-hygiene work in their wills. "It is quite clear from our replies," Dr. Blumstein concluded, "that membership dues can finance a limited educational program only. For more extensive programs other means of financing are necessary."

Local Units

Memberships in state societies range from 150 to 3,000, the total for all state societies probably not exceeding 10,000. Here is fallow land that would seem to lend itself to fruitful cultivation, given the right effort. A possibility, in this connection, is increased participation in state-society programs on the part of local communities. Dr. Elkind's survey showed a total of some 60 local mental-hygiene units more or less loosely affiliated with a dozen or so state societies. These units, he pointed out, have different significance from state to state. In Massachusetts, for instance, they cover regional areas of the state and have only advisory powers. In some states they are autonomous branches of the state society, while in others they are subsidiary to the state society and lack independent status. In many states these smaller groups are not particularly active.

Mrs. Helen Sala, Executive Secretary of the Missouri Association for Mental Hygiene, which has had considerable success in extending itself through the state, discussed the relationships between state and local mental-hygiene organizations and ways of improving them. Of those state organizations which have local affiliated units, Mrs. Sala

found, all help locally by program planning and by securing speakers. All but one distribute publications and provide information service. Field service is given to a small degree by three state societies; one gives apparently adequate field service to its one local unit; the local units of another state have the services of both the medical director and the field secretary of the state society; and one state society gives financial assistance to its single local unit, while another gives clinical service. Local units assist state societies by payment of per capita dues in four states, and in three states, by helping with legislative programs, by furnishing leadership, and by helping promote the educational program.

Mrs. Sala concluded from her survey that the situation in respect to inter-organization relationships between state and local mental-hygiene units is very unsatisfactory at the present time. Relatively few state societies have even experimented with local units, and most of those that have are not clear as to effective procedures for promoting them. And yet almost all mental-hygiene executives were of the opinion that mental-hygiene societies cannot operate effectively as state organizations unless they can present the program of mental hygiene to the local communities in an organized way.

Among the causes of failure, Mrs. Sala mentioned especially the absence of paid personnel to give field service to local communities. On the other hand, those state societies which have had a measure of success in developing local units attribute it to the following factors, listed in the order of their importance, as judged by the frequency with which they were mentioned by the state-society executives: Close contact with local units by a state-society worker; aggressive leadership on the local boards of directors and experienced, able personnel in the communities; consistent aid from the state-society staff in planning and carrying out local projects; careful preparatory work with community agencies before organizing local units; the furnishing of publications and other educational services to local units; and an understanding interest in local problems.

"We feel," Mrs. Sala concluded, "that the major problem in organizing local units is the securing of a well-qualified field secretary who can follow up all organizational work with consistent service to the local units and who can help plan projects to meet local needs and interests. It must be recognized that, in any state, local conditions tend to govern to some extent the success or failure of methods and that generalizations and recommendations must be tempered. However, the replies to the questionnaire indicate that the organizational problems of the state mental-hygiene societies are similar and that there is general agreement as to the reasons for success or failure in the organization of smaller component units of the state organizations."

LAYMEN'S LEAGUE AGAINST EPILEPSY

A new national organization, known as the Laymen's League Against Epilepsy, has been formed to combat the fears, prejudices, and superstitions traditionally associated with this age-old disorder. In view of the marked progress that has been made in recent years in the diagnosis and treatment of convulsive disorders, the founders felt that the time had come for a vigorous educational campaign to strip these disorders of their terror and to instill in their victims the hope that the distressing conditions associated with the term "epilepsy" can be mitigated and eventually controlled by medical science. A movement is under way, in this connection, to change the name of the disease to "cerebral dysrhythmia," not only to lift the "tough crust of prejudice and hopelessness" and to dispel "an attitude of defeat which surrounds it," but also to make the nomenclature more accurate, in view of the important discoveries made with regard to the nature of the disorder.

Scientific investigations in this field have been actively fostered by the International League Against Epilepsy, an association composed of some 140 physicians, many of whom are conducting researches and clinics looking to a progressively better understanding of the disease and increased provisions for its management and treatment. Medical sponsors of the Laymen's League include many of the leading psychiatrists and neurologists of the country.

Over 500 members from 42 states have been enrolled in the Laymen's League during the past few months. The League estimates that at least 500,000 persons in the United States are subject to convulsive seizures, though less than 10 per cent of epileptic victims receive institutional care.

In discussing the problem in its educational bulletin, the League says: "In the more than twenty centuries during which epilepsy has been discussed, a mass of superstitions, half-truths, and prejudices have accumulated about it. Fifty years ago cancer and tuberculosis were a family disgrace. Twenty years ago public discussion of syphilis was taboo. Now the light of public knowledge is shining on these diseases and intelligent methods of cure and control have been instituted. Epilepsy still remains a skeleton in the dark closet of public prejudice and ignorance."

To fight this generally misunderstood blight, the League points out, medical research needs from \$200,000 to \$300,000 a year, to increase and disseminate scientific knowledge concerning the disease, and it hopes to secure a large part of this fund through contributions from the public and through memberships. Officers of the Laymen's

League are Mrs. Francis B. Riggs of Cambridge, Mass., President; Clinton H. Crane of New York, Vice-President; and Mrs. N. Bond Fleming, Harvard Medical School, Boston, Secretary-Treasurer.

NEW JERSEY CONFERENCE ON HEALTH AND WELFARE

The appointment of a special commission to study the problem of health service in the public schools, with a view to better coördination of physical and mental-health activities, is an outstanding recommendation in the report of the New Jersey Conference on Health and Welfare created by Governor A. Harry Moore in November, 1938, for the purpose of making an exhaustive study of the health resources of the state. The conference, comprising over 200 persons prominently identified with health and welfare activities in New Jersey, pursued its work primarily through seven committees which took up seven major aspects of this broad field. The objectives recommended to the special commission are (1) to emphasize the interdependence and relationship between physical, mental, and emotional health and to recognize the strategic importance of the school environment in a coördinated program of individual development; (2) to formulate a comprehensive plan of organization and objectives in an inclusive health service; and (3) to provide for a full-time supervisor, qualified by broad medical training to coördinate the various health interests with one another and with the teaching program and other school activities.

Other recommendations of the conference included the provision of additional hospital facilities for mental patients, as well as additional medical personnel, and the appointment of a neuropsychiatrist to the staff of each general hospital (where not already available) for the treatment of mental cases not in need of the special facilities of a mental hospital.

DR. KIMBERLY APPOINTED MEDICAL DIRECTOR OF AUSTEN RIGGS FOUNDATION

Dr. Charles H. Kimberly has been appointed Medical Director of the Austen Riggs Foundation, Stockbridge, Mass., to succeed Dr. Horace K. Richardson, who resigned recently from that post. Dr. Kimberly became a member of the staff in 1934, after a period of service at the Judge Baker Guidance Center, Boston, and as Assistant in Neuropathology at Harvard University. Previously he received a Commonwealth Fund fellowship in psychiatry and later did graduate work at the Boston Psychopathic Hospital.

FIRST POSTGRADUATE INSTITUTE ON PSYCHIATRY FOR STATE HOSPITALS

An "Institute on Psychiatry for State Hospitals," the first of a series of regional institutes planned for the postgraduate training of medical staffs of public mental hospitals throughout the United States, was held at Agnew State Hospital, Agnew, California, June 17-29. The institute, which was attended by 35 physicians, including representatives of all the California state hospitals and several from institutions in Montana, Arizona, and Utah, was sponsored by the American Psychiatric Association and financed by the Rockefeller Foundation. Its purpose, according to Dr. Franklin G. Ebaugh, Chairman of the Association's Committee on Psychiatry in Medical Education, was to offer its members "not only a consideration of the newer methods in neuropsychiatric practice, but also a critical review of the accepted practices now in use." Dr. Ebaugh reports that "great enthusiasm was displayed by the physicians enrolled, who expressed a definite desire to establish a yearly institute patterned after the first," and that "it was generally accepted that the institute offered a splendid opportunity to prepare for certification by the American Board of Psychiatry and Neurology."

SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

The formation of The Society for Psychoanalytic Psychology was announced by its secretary, Walter W. Marseille, Ph.D., last July. Its purpose is "to meet the need for the systematic presentation of psychoanalysis as a basic psychological science," and to afford to the seriously interested student an opportunity "to acquire thorough understanding of the concepts of psychoanalysis and their application." The director is Dr. Theodor Reik, a close collaborator of Freud's for thirty years, who will be assisted by a staff of psychoanalysts and psychoanalytically trained psychologists. Sponsors of the new society include Dr. Augusta F. Bronner, Dr. Phyllis Blanchard, Dr. Lewis M. Terman, Dr. Caroline B. Zachry, Dr. Florence Powdermaker, Dr. Goodwin Watson, and Dr. David Shakow. The society will give a comprehensive introduction to psychoanalytic psychology in several lecture series, to begin this fall, to be followed by special courses in the application of psychoanalytic findings and concepts to related sciences, and advanced seminars will be conducted for those concerned with special psychological problems. Students of psychology, anthropology, sociology, education, and social work will be invited to the courses. Further particulars may be obtained from the secretary, at 546 West 114th Street, New York City.

MENTAL-HYGIENE ASPECTS OF TEACHER TRAINING AND SELECTION

The National Committee for Mental Hygiene is undertaking a further development of its experimental studies of personnel practices in teachers' colleges under a program financed by the Carnegie Corporation. In general, the work under this program will be directed toward the enhancement of the mental health of the school child through improving the emotional qualities of teaching personnel. This goal is to be approached partly through selection at the point of admission to teachers' colleges, and partly through careful guidance of students of education from this standpoint. The project described below has been planned with the advice of a school studies committee, of which Dean Herbert E. Hawkes is chairman.

A study is being organized in each of three teachers' colleges—in Trenton, N. J., New Haven, Conn., and San Diego, Cal. It is in the nature of an experiment designed to bring into the process of selecting and scheduling students those considerations that previous psychiatric case studies have shown to be important, from the angle of mental and emotional health and personality adjustment. In each of these teachers' colleges the president has appointed a faculty committee composed of those best situated to influence the selection and guidance of students. Each faculty committee will have a consulting psychiatrist who will make studies of students, and from these and other studies and activities, turn over to the committee information that may be valuable in selection and guidance, which the committee can then apply in practice.

In commenting on this project, Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene, said: "We have emphasized the point that the program is one of experimentation and not of demonstration or service, and is to be directed not toward the creation of a demand for psychiatric service, but rather toward the strengthening of an educational process. It is hoped that one academic year of such experiment will define new considerations for the improvement of selection generally."

STATE SOCIETY NEWS

Maryland

"The Mental Hygiene Society of Maryland is rendering an invaluable service in Baltimore and is assisting to a limited degree in the work in the state. The volume and quality of service rendered appear high for the size of the staff, community relationships seem to have been well developed, and requests for increased service include the important opportunity for professional instruction." The Com-

munity Fund of Baltimore, which supports the Maryland Society, thus sums up the organization's contributions in a report made by the Fund's survey staff at the end of twenty-five years of service by the society, which conducts the Baltimore Clinic as its main activity. The clinic carries a total of 1,534 cases, of which 648 were new cases registered during 1939.

In addition to its clinical activities, the society engages in educational work and in the maintenance of coöperative relationships with other welfare agencies, giving assistance in recognizing and handling those cases in which a psychiatric problem is involved. In this connection, the Community Fund's report recommends that consideration be given to developing a series of mental-hygiene seminars for public-health nurses serving the public and private agencies in Baltimore; that the emphasis in the society's program on problems of child guidance be continued and extended, as resources permit, especially in relation to prenatal clinics and child-health conferences; that attention be given, as opportunity permits, to problems of mental hygiene in industry and to the further development of a mental-hygiene program in teacher-training institutions; and that efforts be made to extend the scope of service of the society in areas of the state outside of Baltimore.

New Jersey

A planning committee has submitted proposals for a program of activities to be undertaken by the New Jersey Mental Hygiene Association. This association was organized some years ago as an affiliate of the New Jersey State Teachers Association. Recently, however, it has incorporated in its program and membership workers from the fields of medicine, institutions and agencies, social work, and psychiatry, as well as education.

Topics suggested for emphasis as a basis for promotional work during the next two years include the rôle of the visiting teacher, the case-conference method, community organization for mental hygiene, the relation between the curriculum and mental hygiene, and mental hygiene for administration, for supervision, and in the classroom. Subcommittees have been organized on the following phases of the program: conference planning, publications, radio, demonstrations, speakers, mental hygiene in teacher training, and contacts with other organizations.

The first of these committees visualizes the setting up of well-organized regional or county conferences as a means of reaching large groups throughout the state. In close relation to this objective is that of the last-named committee which contemplates inviting each organized professional group in the state to form a mental-hygiene com-

mittee to work in coöperation with the New Jersey Mental Hygiene Association, the chairman of each such committee to be a member of the council of the Association. The committee on demonstrations will have the special task of working out procedures in mental hygiene, particularly the case-conference method, to be demonstrated at some of the projected regional meetings.

The officers of the Association for the current year are: President, Dr. Harry A. Wann, of Morristown; Vice-President, Dr. Charles R. Foster, Jr., of New Brunswick; Secretary, Mrs. Florence H. Staniels, of Nutley; and Treasurer, Miss Mary Hohman, of Orange.

Vermont

A fall meeting of the Vermont Society for Mental Hygiene is scheduled to be held on October 25, in conjunction with the annual meeting of the Vermont Conference for Social Work, in Burlington. The Vermont Society was formed in Rutland last April, when an organizing meeting was held by more than a hundred state leaders in psychiatry, psychology, education, and social work, followed by a scientific session at which the mental-hygiene aspects of the state's welfare program were discussed. The constitution and by-laws adopted by the society adhere to the aims and objectives of organized mental-health work pursued in other New England states, all of which, except New Hampshire, now have active mental-hygiene societies. Subcommittees are now at work studying plans for a state-wide program of promotion, education, and publicity, in which all the community agencies in the state are coöperating. The officers of the new society are: President, Dr. Frederick C. Thorne, of Brandon; First Vice-President, Hon. George A. Mathers, of Bennington; Second Vice-President, Prof. Sara M. Holbrook, of Burlington; Treasurer, Miss Persis S. Holden, of Burlington; and Secretary, Rev. Gerald R. Fitzpatrick, of Montpelier.

QUARTERLY JOURNAL OF STUDIES ON ALCOHOL

A new scientific periodical, the *Quarterly Journal of Studies on Alcohol*, made its appearance with the publication of its first issue in June of this year. It is the official organ of the Research Council on Problems of Alcohol, an affiliated society of the American Association for the Advancement of Science, formed two years ago to promote a systematic scientific attack on alcoholism, conceived as a medico-social problem to be approached in the same spirit and by the same methods of study and management as other public-health problems. Howard W. Haggard is editor, and Nathan Rakieta managing editor of the magazine, which contains original scientific papers, editorials,

abstracts of current literature, medico-legal commentaries concerning alcohol, and reports of the activities of the Research Council. Subscription rates are \$3.00 a year, \$1.00 for single copies, and the publication office is at 4 Hillhouse Avenue, New Haven, Conn.

The June number carries a review of the literature of 1939 dealing with the effects of alcohol on the individual. An account of the origin, purpose, and program of the Research Council also appears in this issue, together with a preliminary announcement of a three-day symposium on alcoholism to be conducted in Philadelphia in connection with the annual meeting of the American Association for the Advancement of Science in December, 1940.

NEWS FROM "DOWN UNDER"

Victoria

Enthusiasm for insulin and metrazol shock treatment, so quickly taken up by mental hospitals everywhere, is a high light of the annual report of the department of mental hygiene presented by Director J. Catarinich to the Victorian Parliament in Australia last summer. Characterizing the new therapies as "a very definite step forward in the methods of handling mental disease," the report states that of a group of 110 cases treated by insulin in one hospital, 77 per cent were discharged. Of these 16 per cent were returned to the hospital, leaving 61 per cent apparently cured. These results, it is observed, are similar to those obtained in England and on the Continent. In another institution, cardiazol treatment has been extended to cases of melancholia with gratifying results, with 47 per cent of the cases treated apparently recovering, and a further 12 per cent improved. Many of the cases, it is pointed out, were in an advanced stage of the disease, the report concluding, therefore, that "there is now hope for patients who formerly would have been regarded as having reached an incurable stage of their trouble."

Commenting further on the significance of the results reported from these and other Victorian mental hospitals, the director writes: "It is true that some of the cases of apparent recovery have relapsed, but the great majority have remained well. In the present state of our knowledge, it is impossible to say whether the improvement is likely to be permanent, but with each succeeding year it would seem that many of the remissions obtained appear to be of a stable nature. What has been gained already is indicated by the rise in the recovery rate of the patients detained in the mental hospitals to 29.9 per cent, the highest recovery rate since 1909. Whilst it is difficult to put forward any scientific basis for the treatment, it is evident that a disease

hitherto regarded as degenerative from its beginning can no longer be so classed, and with further investigation and increasing knowledge it is probable that other and even better modes of treatment will be found eventually."

Melbourne

Not less significant is the keen interest and activity in mental-health education reported from Melbourne, Australia's largest city, and generated by the Association for the Understanding of Human Adjustments. This association was organized in January, 1939, under the direction of Dr. Anita M. Muhl, the American psychiatrist who was invited by a group of Victorian professional and civic leaders to aid in the establishment of organized mental-hygiene work in that state. Dr. Muhl, who has done outstanding work in this field in California and the East, was appointed visiting lecturer in psychiatry and criminology at the University of Melbourne, where the movement immediately took root and spread rapidly throughout the community. At a meeting of the association held in Melbourne last December, speaker after speaker testified to the ready response accorded Dr. Muhl's missionary efforts among professional and lay groups of every type and description, and commented on the remarkably productive results of her work in the short period since her arrival in Australia.

In the first phase of a projected three-year plan, which is working toward the establishment of a permanent program of institutional, clinic, and community mental-hygiene activity, Dr. Muhl undertook an extensive series of lecture engagements, in and out of the university, which brought her into contact with all elements of the professional and lay public and stirred an interest and enthusiasm that bid fair to result in effective social action, presaging far-reaching practical accomplishment. Her lecture courses—which were of a threefold scope, dealing with criminology, medicine, and education—were addressed to a large variety of audiences, including students and lecturers from all the faculties at the university, lawyers, jurists, doctors, nurses, social workers, prison wardens, probation officers and detectives, priests, nuns and ministers, engineers, writers, and "just people." She gave a total of 266 lectures during 1939, visiting 37 schools and institutions, and making contacts with 75 other organizations, reaching a total audience of 16,730 persons, exclusive of radio broadcasts.

This prolific activity, impressive in its far-flung educational effects, has already issued in results of a practical nature, for at its December meeting the association embarked on plans for the formation of a coördinating council, based on similar organizations in the United

States, aimed at the organization of social forces for coöperative activity in the control of delinquency and crime. An executive committee promptly set to work, agreeing to meet each week to work on the task of outlining a policy and program, with special emphasis on research and study. The Victorian Government has responded wholeheartedly through representative members of the various state departments, who have expressed interest in the organization of the council and promise active collaboration in its work.

WORTH READING

Of books and pamphlets and publications of every sort in this literate and articulate age there is no end, and the literature of mental hygiene proliferates with all the rest. Of the writings in this field, those that are distinguished by their appeal to the proverbial "man in the street," who seeks knowledge of the subject in its simplest terms, are so infrequent that we stir in our editorial chairs when a new one comes along. Such a publication is *The Story of Four Mile Colony*, a 120-page illustrated brochure prepared by Elizabeth C. Devery and issued by the New Jersey State Department of Institutions and Agencies. It is the story of the origin, growth, and epic achievements of the New Jersey State Colony at New Lisbon, published on the occasion of the twenty-fifth anniversary of this admirable institution, which was established as a combined school, home, and social laboratory for the rehabilitation of mentally and physically handicapped boys.

Written in a language the boys themselves can understand, it is a rare human-interest document that, in its simple, unaffected narration of the romantic events in the evolution and colorful career of this famed outpost of the no less famous Vineland Training School and Research Laboratory, located in the historic region of "The Pineys," holds the attention from cover to cover.

Those who are interested in reading the story of an outstanding development in the history of the altruistic and scientific struggle for human conservation among "the least of these" would do well to get this unusual narrative, which is available in cloth or paper binding (\$1.00 and \$.50, respectively). Orders should be addressed to the Department of Publications, New Jersey State Colony, New Lisbon, N. J.

Of a different sort, but no less valuable in its way, is *Mental Hygiene in the Classroom—How Would You Help a Child Like This*, a new 70-page pamphlet prepared especially for use in the school field. It is essentially a mental-hygiene primer for teachers, issued by a joint committee of the National Education Association and the

American Medical Association, with the collaboration of the American Orthopsychiatric Association and The National Committee for Mental Hygiene, which sets forth the principles of mental hygiene in relation to children's problems in a simple, interesting, and novel way. It presents in concise and pithy form some of the more common behavior situations met with in the classroom and on the playground which call for skilled management based on accepted mental-health practice.

For example, there is Jimmy, a first-grade pupil, active on the playground, but refusing to participate in the schoolroom and given to crying when urged to take part. In attempting to remedy this situation, should the teacher (a) encourage Jimmy gradually on the assumption that he is afraid, or (b) force him to participate on the assumption that he is stubborn or (c) ask his parents to keep him home until the following year in the belief that he is not yet sufficiently mature to begin school? The reader chooses the solution which seems best to him in the light of the mental health of the child and then checks his decision with that recommended at the end of the discussion.

There are over fifty such problem situations to test and guide the teacher in dealing constructively with the behavior difficulties, in herself or her pupils, that confront her in everyday school life. Copies of the pamphlet sell for 20 cents each and may be obtained from The National Committee for Mental Hygiene.

CURRENT BIBLIOGRAPHY *

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The National Health Library

- Ackerly, Spafford, M.D.** Psychotherapy. Kentucky medical journal, 38:251-57, June 1940.
- Alexander, Franz, M.D.** A jury trial of psychoanalysis. Journal of abnormal and social psychology, 35: 305-23, July 1940.
- Alexander, Franz, M.D.** Psychiatric contributions to crime prevention. Federal probation, 4:10-16, May 1940.
- American academy of pediatrics.** Round table discussion on convulsions [9th annual meeting, Nov. 16-18, 1939]. Journal of pediatrics, 17:114-21, July 1940.
- American academy of pediatrics.** Round table discussion on sucking habits and deformities of dental arches [9th annual meeting, Nov. 16-18, 1939]. Journal of pediatrics, 17: 122-35, July 1940.
- American orthopsychiatric association.** Proceedings of the 17th annual meeting, February 22-24, 1940. American journal of orthopsychiatry, 10: 613-29, July 1940.
- Androp, Serge, M.D.** The effect of metrazol administration on prolonged refusal of food in the psychoses. American journal of psychiatry, 96: 1407-11, May 1940.
- Androp, Serge, M.D.** Orthodox therapy. Occupational therapy and rehabilitation, 19:155-58, June 1940.
- Babcock, Harriet.** Personality and efficiency of mental functioning. American journal of orthopsychiatry, 10: 527-31, July 1940.
- Bainbridge, William S., M.D.** Somatic factors in mental and nerve conditions. Journal of the Royal institute of public health and hygiene (London), 3:173-83, July 1940.
- Ball, Rachel S.** Your child from one to six. Parents' magazine, 15:20-21, 72-75, September 1940.
- Barahal, Hyman S., M.D.** The psychopathology of hair-plucking (trichotillomania). Psychoanalytic review, 27:291-310, July 1940.
- Barbee, Margaret.** The child-placing agency considers the parent's financial responsibility. Family, 21:154-58, July 1940.
- Barbour, Philip F., M.D.** Mental factors in school life. Bulletin, Kentucky department of health, 12:173-74, May 1940.
- Barmack, J. E.** The effect of 10 mg. of benzedrine sulfate on the Otis test scores of college students. American journal of psychiatry, 97: 163-66, July 1940.
- Baruch, Dorothy W.** Leave your children alone. National parent-teacher, 35:4-8, August-September 1940.
- Bateman, J. F., M.D. and Michael, Nicholas, M.D.** Pharmacological shock treatment of schizophrenia; a statistical study of results in the Ohio state hospitals. American journal of psychiatry, 97:59-67, July 1940.
- Batt, J. C., M.D.** Mirror writing in normal adults. Journal of mental science (London), 86:680-87, July 1940.
- Beaglehole, Ernest.** Cultural complexity and psychological problems. Psychiatry, 3:329-39, August 1940.
- Beer, Ethel.** Links of social service. American journal of orthopsychiatry, 10:571-75, July 1940.
- Benda, Clemens E., M.D.** Syphilis in serum negative feeble minded children. American journal of psychiatry, 96:1295-1309, May 1940.
- Bender, Lauretta, M.D. and Lipkowitz, H. H., M.D.** Hallucinations in children. American journal of orthopsychiatry, 10:471-90, July 1940.
- Bennett, Jesse L., M.D.** Psychosomatic relationships in ulceromembranous stomatitis. Psychiatric quarterly, 14:632-42, July 1940.
- Berliner, Bernhard, M.D.** Libido and reality in masochism. Psychoanalytic quarterly, 9:322-33, July 1940.
- Bernard, Harold W.** College mental hygiene—a decade of growth. Mental hygiene, 24:413-18, July 1940.

* This bibliography is uncritical and does not include articles of a technical or clinical nature.

- Bigelow, Newton, J. T., M.D. and Lehman, S. R., M.D. Psychosomatic pathology in coronary sclerosis; report of a case. *Psychiatric quarterly*, 14:513-17, July 1940.
- Blanchard, Phyllis. The importance of the first interviews in therapeutic work with children. *Smith college studies in social work*, 10:267-84, June 1940.
- Blanco, Ignacio, M. Some reflections on psycho-dynamics. *International journal of psycho-analysis* (London), 21:253-79, July 1940.
- Blanton, Smiley, M.D. Analytical study of a cure at Lourdes. *Psycho-analytic quarterly*, 9:348-62, July 1940.
- Bonafede, Vincent I., M.D. and Nathan, R. E., M.D. The treatment of epilepsy with sodium diphenyl hydantoinate. *Psychiatric quarterly*, 14: 603-11, July 1940.
- Bowlby, John, M.D. The influence of early environment in the development of neurosis and neurotic character. *International journal of psycho-analysis* (London), 21:154-78, April 1940.
- Bowley, Agatha H. Child guidance service in wartime. *Mental health* (London), 1:76-81, July 1940.
- Boyer, George F., M.D. The psycho-neuroses of war. *Canadian medical association journal*, 43:53-59, July 1940.
- Brown, Warren T., M.D. About psychiatric treatment. *Diseases of the nervous system*, 1:248-9, August 1940.
- Bryan, Hugh S., M.D. A psychological clinic for children in connection with an open-air school. *Medical officer* (London), 63:199-200, June 8, 1940.
- Buchan, Dorothy. The psychologist in the field of mental deficiency in the state institution. *Mental health bulletin*, Pennsylvania department of welfare, 18:4-8, July 15, 1940.
- Bullard, Dexter M., M.D. The organization of psychoanalytic procedure in the hospital. *Journal of nervous and mental disease*, 91:697-703, June 1940.
- Bunzel, Ruth. The rôle of alcoholism in two Central American cultures. *Psychiatry*, 3:361-87, August 1940.
- Burgum, Leland S. The value of high-school psychology. *School and society*, 52:45-48, July 20, 1940.
- Burling, Temple, M.D. If children worry. *Parents' magazine*, 15:18-19, 77, 79, August 1940.
- Cabot, P. S. deQ. A long-term study of children: the Cambridge-Somerville youth study. *Child development*, 11:143-51, June 1940.
- Camp, Carl D., M.D. The question of the existence of a separate sleep center in the brain. *Journal of nervous and mental disease*, 92: 5-7, July 1940.
- Caner, G. Colket, M.D. Superstitious self-protection in psychopathology. *Archives of neurology and psychiatry*, 44:351-61, August 1940.
- Cantor, Nathaniel. The social treatment of the adult offender. *Journal of criminal law and criminology*, 31: 30-37, May-June 1940.
- Cathcart, John P. S., M.B. Mental illness and war. *National health review* (Ottawa), 8:149-51, July 1940.
- Causes of inactivity and failure in mental hygiene associations. *Mental hygiene news*, Wisconsin society for mental hygiene, 4:4-7, June 1940.
- Chassel, Joseph, M.D. Psychoanalytic therapy in a mental hospital. *Psychiatry*, 3:181-88, May 1940.
- Child, Irvin L. The relation between measures of infantile amnesia and of neuroticism. *Journal of abnormal and social psychology*, 35:453-56, July 1940.
- Chute, Charles L. The American law institute program. *Probation*, National probation association, 18:139-43, June 1940.
- Clapp, Elsie R. Our rôle in the child's life. *National parent-teacher*, 35:29-30, August-September 1940.
- Clow, Hollis E., M.D. A study of one hundred patients suffering from psychosis with cerebral arteriosclerosis. *American journal of psychiatry*, 97: 16-26, July 1940.
- Cohen, Eva and Witmer, Helen. The diagnostic significance of Russian Jewish clients' attitudes toward relief. *Smith college studies in social work*, 10:285-315, June 1940.
- Colomb, Henry O., M.D. The price of a bed. (Do mental hospitals beds come at \$9 or \$2,315?) *Modern hospital*, 55:51, September 1940.
- Colomb, Henry O., M.D. The utilization of the state hospital in the training of psychiatrists. *Mental hygiene*, 24:390-412, July 1940.
- Conlogue, Everett F., M.D. Mental and nervous phenomena in tuberculosis. *American review of tuberculosis*, 42:161-73, August 1940.
- Coriat, Isador H., M.D. The structure of the ego. *Psychoanalytic quarterly*, 9:380-93, July 1940.

- Coyne, Anna R., M.D. Observations and results obtained in the hypoglycemic treatment of schizophrenia. *Journal of nervous and mental disease*, 92:309-22, September 1940.
- Crank, Harlan, M.D. The use of psychoanalytic principles in out-patient psychotherapy. *Bulletin of the Menninger clinic*, 4:35-40, March 1940.
- Craven, Lois M. Some suggested principles for occupational therapy. *Occupational therapy and rehabilitation*, 19:15-18, February 1940.
- Crichton-Miller, Hugh, M.D. Fortitude in war. *Mental health (London)*, 1:65-69, July 1940.
- Criden, Frank M., M.D. The effect of treatment of intercurrent somatic disease on psychogenic disorders. *Psychiatric quarterly*, 14:547-55, July 1940.
- Curran, Frank J., M.D. Psychotherapeutic problems of puberty. *American journal of orthopsychiatry*, 10:510-21, July 1940.
- Curtis, William B., M.D. Psychosomatic relationships. *Kentucky medical journal*, 38:313-18, July 1940.
- Dalzell, Isabel J. Psychiatric social work with recessive adolescents. *Canadian public health journal*, 31:280-86, June 1940.
- Darlington, H. S. Motherhood rituals of a primitive village. *Psychoanalytic review*, 27:277-90, July 1940.
- Darrow, Chester W. and Solomon, A. P., M.D. Mutism and resistance behavior in psychotic patients; a physiologic study. *American journal of psychiatry*, 96:1441-54, May 1940.
- Davie, Lou. The function of a patients' library in a psychiatric hospital. *Bulletin of the Menninger clinic*, 4:124-29, July 1940.
- Davis, John E. The importance of physical training in a rehabilitation program in mental hospitals. *Psychiatric quarterly supplement*, 14:159-67, July 1940.
- Davis, Kingsley. The sociology of parent-youth conflict. *American sociological review*, 5:523-35, August 1940.
- Day, Daniel. Methods in attitude research. *American sociological review*, 5:395-410, June 1940.
- Day, Franklin, Hartoch, Anna and Schachtel, Ernest. A Rorschach study of a defective delinquent. *Journal of criminal psychopathology*, 2:62-79, July 1940.
- Deming, Julia, M.D. Foster home and group placement. *American journal of orthopsychiatry*, 10:586-94, July 1940.
- Democracy and the scientific spirit; a symposium by W. E. Hocking, Max Lerner, Frank Kingdon, Robert Waelder. *American journal of orthopsychiatry*, 10:430-57, July 1940.
- Despert, J. Louise, M.D. A comparative study of thinking in schizophrenic children and in children of preschool age. *American journal of psychiatry*, 97:189-213, July 1940.
- Diethelm, Oskar, M.D. Psychotherapy in general practice. *Diseases of the nervous system*, 1:164-68, June 1940.
- Discussion on the problem of the evacuee child. *Proceedings of the Royal society of medicine (London)*, 33:374-86, May 1940.
- Doll, Edgar A., Ph.D. Preparation for clinical psychology. *Training school bulletin*, 37:21-27, April 1940.
- Doltolo, Joseph J., M.D. Report on the further development and results of treatment of tuberculous mental patients in the Hudson River state hospital. *Psychiatric quarterly supplement*, 14:174-82, July 1940.
- Doltolo, Joseph J., M.D. and Bennett, C. L., M.D. Some observations on treatment of institutional epileptics with dilantin. *Psychiatric quarterly*, 14:595-602, July 1940.
- Donley, Dorothy E., M.D. Some of the psychiatric problems encountered by the general practitioner. *Ohio state medical journal*, 36:501-3, May 1940.
- Drake, Edgar A. Delinquency survey of Rock Island county. *Welfare bulletin, Illinois state department of public welfare*, 31:8-9, July 1940.
- Earl, Charles J. C. A psychograph for morons. *Journal of abnormal and social psychology*, 35:428-48, July 1940.
- Ebaugh, Franklin G., M.D. and Rymer, C. A., M.D. Psychiatric facilities within the general hospital. *Modern hospital*, 55:71-72, 74, August 1940.
- Electrical convulsion treatment of mental disorders. *Journal of the American medical association*, 115:462-63, August 10, 1940.
- English, William H., M.D. Alzheimer's disease; review of the literature and report of one case. *Psychiatric quarterly*, 14:583-94, July 1940.
- Ephron, Harmon S., M.D. Mental hygiene in social reconstruction. *American journal of orthopsychiatry*, 10:458-65, July 1940.
- Epstein, Samuel H., M.D. All nursing is psychiatric! *Trained nurse and hospital review*, 105:17-19, July 1940.

- Erbe, Fred O.** A study of the social backgrounds of life inmates at Fort Madison penitentiary. *Journal of criminal law and criminology*, 31: 166-74, July-August 1940.
- Ernst, M. Gwendoline, M.D.** A psychotherapeutic approach in schizophrenia. *Journal of mental science* (London), 86:668-74, July 1940.
- Evans, Harrison, M.D. and Harding, G. T., M.D.** The anxiety neurosis. *Ohio state medical journal*, 36:601-5, June 1940.
- Experiences in recreation as practical aids to mental health.** *Mental health bulletin*, Illinois society for mental hygiene, 18:1-4, May-June 1940.
- Farrington, Lewis M.** Summary of legislation of 1940 of interest to the Department of mental hygiene. *Psychiatric quarterly supplement*, 14: 190-200, July 1940.
- Fauquier, William.** The attitudes of aggressive and submissive boys toward athletics. *Child development*, 11:115-25, June 1940.
- Federn, Paul, M.D.** The determination of hysteria versus obsessional neurosis. *Psychoanalytic review*, 27:265-76, July, 1940.
- Feldstein, George J., M.D.** Amaurotic family idiocy. *Pennsylvania medical journal*, 43:1296-98, June 1940.
- Fetterman, Joseph L., M.D.** Pharmacologic shock therapy; recent studies presented at the meeting of the American psychiatric association, a reportorial review. *Ohio state medical journal*, 36:868-69, August 1940.
- Fleming, Joan.** Observations on the use of finger painting in the treatment of adult patients with personality disorders. *Character and personality*, 8:301-10, June 1940.
- Fox, Francis E., M.D.** Clinical experience in electrically induced convulsions. *British medical journal* (London), p. 807-8, May 18, 1940.
- Frank, Lawrence K.** Freedom for the personality. *Psychiatry*, 3:341-49, August 1940.
- Freedman, Burrill.** A truancy questionnaire, with introductory psychoanalytic and general suggestions. *Psychiatric quarterly supplement*, 14:168-73, July 1940.
- Fromm-Reichmann, Frieda, M.D.** Notes on the mother rôle in the family group. *Bulletin of the Menninger clinic*, 4:132-48, September 1940.
- Gaudet, Frederick J. and Gaudet, Hazel.** The problem of the feeble-minded patient in the mental hygiene clinic. *Training school bulletin*, 37:42-58, May and June 1940.
- Geisel, John B.** Alumni opinions concerning a high-school course in mental hygiene. *Mental hygiene*, 24: 419-33, July 1940.
- Gill, Samuel E., M.D.** Nocturnal enuresis; experiences with evacuated children. *British medical journal* (London), 199-200, August 10, 1940.
- Gitelson, Maxwell, M.D.** Direct psychotherapy of children. *Archives of neurology and psychiatry*, 43:1208-23, June 1940.
- Glueck, Bernard, M.D.** Psychological motive in criminal action. *Journal of criminal psychopathology*, 2:21-53, July 1940.
- Goldman, George S., M.D.** Psychiatrist and function of the private agency. *American journal of orthopsychiatry*, 10:548-66, July 1940.
- Goldstein, Hyman H., M.D. and Weinberg, Jack, M.D.** Metrazol as a diagnostic aid in epilepsy. *American journal of psychiatry*, 96:1455-58, May 1940.
- Grave, Charlotte E.** Helping the exceptional child. *Hygeia*, 18:633-35, 670, July 1940.
- Greenhill, Maurice H., M.D. and Yorshis, Morris, M.D.** Prognostic criteria in dementia paralytica. *American journal of psychiatry*, 97:167-88, July 1940.
- Gundry, Charles H., M.D.** The progress of mental health. *National health review* (Ottawa), 8:126-29, July 1940.
- Guttmann, E., M.D. and Creak, Mildred.** A follow-up study of hyperkinetic children. *Journal of mental science* (London), 86:624-31, July 1940.
- Hadley, Ernest E., M.D.** Syphilis and personality disorder. *Psychiatry*, 3: 177-79, May 1940.
- Hall, Muriel B., M.D.** Asthma in childhood; a discussion of the psychological aspect. *British medical journal* (London), 110-13, July 27, 1940.
- Hallowell, A. Irving.** Aggression in Saulteaux society. *Psychiatry*, 3: 395-407, August 1940.
- Healy, William, M.D.** A new program for treatment of youthful offenders. *American sociological review*, 5:610-17, August 1940.
- Heath, S. Roy, Jr.** Scouting in an institution for the mentally deficient. *Training school bulletin*, 37: 28-32, April 1940.
- Herman, Morris, M.D. and Rosenblum, M. P., M.D.** Acute general paresis. *American journal of psychiatry*, 96: 1311-19, May 1940.

- Herzberg, Alexander. Dreams and character. Character and personality, 8:323-34, June 1940.
- Heyerdahl, T. M. A library for the feeble-minded. Library journal, 65: 690-91, September 1, 1940.
- Hiltner, Seward. The contributions of religion to mental health. Mental hygiene, 24:366-77, July 1940.
- Himler, Leonard E., M.D. and Raphael, Theophile, M.D. Epilepsy among college students. Mental hygiene, 24:459-68, July 1940.
- Hinsie, Leland E., M.D. A contribution to the psychopathology of murder—study of a case. Journal of criminal psychopathology, 2:1-20, July 1940.
- Hinsie, Leland E., M.D. Present methods of treatment of general paresis and cerebral syphilis in state hospitals. Psychiatric quarterly supplement, 14:155-58, July 1940.
- Holbrook, Charles S., M.D. The effects of war on mental health. New Orleans medical and surgical journal, 92:681-83, June 1940.
- Huber, Ralph F. Dentistry for the mentally ill patient. Journal of the American dental association, 27: 1129-31, July 1940.
- Hunt, Robert C., M.D. The psyche as an object of hypochondriacal preoccupation. Psychiatric quarterly, 14:490-95, July 1940.
- Hutchinson, Dorothy. Case work implications in the use of money in child placing. Family, 21:150-54, July 1940.
- Hutchinson, Eliot D. The period of frustration in creative endeavor. Psychiatry, 3:351-59, August 1940.
- Hyman, Harold T., M.D. The emotions in disease. Hygeia, 18:683-84, 749, August 1940.
- Isaacs, Susan. Temper tantrums in early childhood in their relation to internal objects. International journal of psychoanalysis, (London), 21: 280-93, July 1940.
- Jekels, Ludwig and Bergler, E. B. Instinct dualism in dreams. Psychoanalytic quarterly, 9:394-414, July 1940.
- Jellinek, E. Morton and Jolliffe, Norman, M.D. Effects of alcohol on the individual: review of the literature of 1939. Quarterly journal of studies on alcohol, 1:110-81, June 1940.
- Johnson, Hiram K., M.D. The response of various types of epilepsy to dilantin therapy. Psychiatric quarterly, 14:612-18, July 1940.
- Jones, Cheney C. Social services for children. National parent-teacher, 35:31-33, August-September 1940.
- Kahn, Eugen, M.D. Similarity—dis-similarity. Diseases of the nervous system, 1:212-15, July 1940.
- Kalms, Martha. Musical therapy. Occupational therapy and rehabilitation, 19:181-86, June 1940.
- Kasanin, Jacob, M.D. On misidentification: a clinical note. Psychoanalytic quarterly, 9:342-47, July 1940.
- Katzenelbogen, Solomon, M.D. A critical appraisal of the "shock therapies" in the major psychoses. Psychiatry, 3:211-28, May 1940; 409-20, August 1940.
- Kerr, LeGrand, M.D. The adopted child. Medical times, 68:318-20, July 1940.
- Kiene, Hugh E., M.D., Streitwieser, R. J., M.D. and Miller, Himon, M.D. The rôle of vitamin B₁ in delirium tremens. Journal of the American medical association, 114: 2191-94, June 1, 1940.
- Kirkpatrick, Milton E., M.D. Mental hygiene and religion. Mental hygiene, 24:378-89, July 1940.
- Klein, Melanie. Mourning and its relation to manic-depressive states. International journal of psychoanalysis (London), 21:125-53, April 1940.
- Knight, Robert P., M.D. Introjection, projection and identification. Psychoanalytic quarterly, 9:334-41, July 1940.
- Knight, Robert P., M.D. The relationship of latent homosexuality to the mechanism of paranoid delusions. Bulletin of the Menninger clinic, 4:149-59, September 1940.
- Kris, Ernst. Laughter as an expressive process; contributions to the psychoanalysis of expressive behavior. International journal of psychoanalysis (London), 21:314-41, July 1940.
- Kwalwasser, Simon, M.D. Report on 441 cases treated with metrazol. Psychiatric quarterly, 14:527-46, July 1940.
- Landis, Carney and Bolles, M. M. Psychosexual immaturity. Journal of abnormal and social psychology, 35:449-52, July 1940.
- Lang, Jonathan, pseud. The other side of the ideological aspects of schizophrenia. Psychiatry, 3:389-93, August 1940.
- Lang, Theo, M.D. Studies on the genetic determination of homosexuality. Journal of nervous and mental disease, 92:55-64, July 1940.

- Langdon-Brown, Sir Walter, M.D. A key to psychic conflicts. *British medical journal* (London), p. 822-23, May 18, 1940.
- Larson, Charles P., M.D. Intracranial tumors in mental hospital patients; a statistical study. *American journal of psychiatry*, 97:49-58, July 1940.
- Lauffer, Olga R. Why not nursery school at home? *Parents' magazine*, 15:24-25, 75-78, September 1940.
- Lawson, D. E. The teacher as a diagnostician. *Hygeia*, 18:779-81, September 1940.
- Laycock, Samuel R. Social and emotional aspects of readiness for school. Understanding the child, 9:20-23, June 1940.
- Levey, Harry B., M.D. On supervision of the transference in psychiatric social work. *Psychiatry*, 3:421-35, August 1940.
- Levey, Harry B., M.D. A theory concerning free creation in the inventive arts. *Psychiatry*, 3:229-93, May 1940.
- Levin, Yale. The treatment of juvenile delinquency in England during the early nineteenth century. *Journal of criminal law and criminology*, 31:38-54, May-June 1940.
- Levine, Maurice, M.D. The dynamic conception of psychopathic personality. *Ohio state medical journal*, 36: 848-50, August 1940.
- Levy, Irwin, M.D. Convulsions. *Journal of the Missouri state medical association*, 37:289-93, July 1940.
- Lewinson, Thea S. Dynamic disturbances in the handwriting of psychotics; with reference to schizophrenic, paranoid and manic-depressive psychoses. *American journal of psychiatry*, 97:102-35, July 1940.
- Lewis, Nolan D. C., M.D. Mental hygiene of the senium. *Mental hygiene*, 24:434-44, July 1940.
- Lewis, Nolan D. C., M.D. Personality factors in alcoholic addiction. *Quarterly journal of studies on alcohol*, 1:21-44, June 1940.
- Lewis, William D. Treatment of youth convicted of crime. *Federal probation*, 4:20-23, May 1940.
- Lipetz, Basile, M.D. Preliminary report on the results of the treatment of schizophrenia by nitrogen inhalation. *Psychiatric quarterly*, 14: 496-503, July 1940.
- Lowrey, Lawson G., M.D. The Cambridge-Somerville youth study. *American journal of orthopsychiatry*, 10:611-12, July 1940.
- Lowrey, Lawson G., M.D. Personality distortion and early institutional care. *American journal of orthopsychiatry*, 10:576-85, July 1940.
- Lowrey, Lawson G., M.D. Readiness for school; a psychiatrist's viewpoint. Understanding the child, 9: 4-7, June 1940.
- Lowry, Fern. Teaching social case work. *Family*, 21:159-65, July 1940.
- Lurie, Louis A., M.D., Hertzman, Jack, and Rosenthal, F. M. Diagnostic study of a maladjusted girl. *American journal of orthopsychiatry*, 10: 491-500, July 1940.
- McCabe, Alice. The supervisor's part in teaching case work. *Family*, 21: 141-49, July 1940.
- McCurdy, Harold G. Literature and personality: analysis of the novels of D. H. Lawrence. Part II. Character and personality, 8:311-22, June 1940.
- McDonald, Joyce W., Brown, A. W. and Bronstein, I. P., M.D. Background and social adjustment of thyroid-deficient children receiving glandular therapy. *American journal of diseases of children*, 59:1227-44, June 1940.
- McGrew, Janice W. Emotional adjustments of the hospitalized child. Crippled child, 18:7-9, 24, June 1940.
- MacLean, Malcolm S. As children grow up. *National parent-teacher*, 34:19-22, June-July 1940.
- Marburg, Otto, M.D. On epilepsy. *Journal of nervous and mental disease*, 91:754-58, June 1940.
- Mascaro, Eleanor and Goode, Delmar, M.D. Reading as a psychological aid in the hypoglycemic treatment of schizophrenia. *Medical bulletin of the Veterans' administration*, 17: 61-65, July 1940.
- Masserman, Jules H., M.D. and Balken, Eva R., M.D. Use of fantasy tests in differential psychiatric diagnosis. *Archives of neurology and psychiatry*, 43:1249-55, June 1940.
- Matthews, Helen. The psychologist in the field of mental deficiency in the community. *Mental health bulletin, Pennsylvania department of welfare*, 18:15-19, July 15, 1940.
- Memorandum from the William Alanson White psychiatric foundation on the utilization of psychiatry in the promotion of national security. *Psychiatry*, 3:483-92, August 1940.
- Menninger, Karl A., M.D. An anthropological note on the theory of prenatal instinctual conflict. *Bulletin of the Menninger clinic*, 4:51-55, March 1940.

- Menninger, Karl A., M.D. Psychoanalytic psychiatry: theory and practice. *Bulletin of the Menninger clinic*, 4:105-23, July 1940.
- Menninger, William C., M.D. An evaluation of metrazol treatment. *Bulletin of the Menninger clinic*, 4: 95-104, July 1940.
- Michaels, Joseph J., M.D. Psychobiologic interpretation of delinquency. *American journal of orthopsychiatry*, 10:501-9, July 1940.
- Millard, C. V. The nature and character of pre-adolescent growth in reading achievement. *Child development* (Washington, D. C.), 11:71-114, June 1940.
- Mitchell, Charles D., M.D. Beauty aids mentally ill. *Modern hospital*, 55:55-56, July 1940.
- Monroe, Marion. Determining reading readiness. *Understanding the child*, 9:15-19, June 1940.
- Moore, Harry H. Activities of the Research council on problems of alcohol. *Quarterly journal of studies on alcohol*, 1:104-7, June 1940.
- Morris, Charles M. The psychologist in the field of mental deficiency in the private school. *Mental health bulletin, Pennsylvania department of welfare*, 18:9-13, July 15, 1940.
- Mowrer, Harriet R. A psychocultural analysis of the alcoholic. *American sociological review*, 5:546-57, August 1940.
- Myerson, Abraham, M.D. Alcohol: a study of social ambivalence. *Quarterly journal of studies on alcohol*, 1:13-20, June 1940.
- Nash, Jay B. Has education the answer? *Monthly bulletin, Indiana state board of health*, 43:99-100, May 1940. (To be continued)
- Noyes, Arthur P., M.D. Psychotic manifestations in physical disease and in reaction to drug therapy. *Pennsylvania medical journal*, 43: 1269-74, June 1940.
- O'Brien, Frank J., M.D. Case studies: Was Ruth ready for school? *Understanding the child*, 9:24-28, 32, June 1940.
- Ohmann, O. A., Ph.D. The psychology of the handicapped. *Crippled child*, 18:3-4, 23, June 1940.
- Olson, Willard C. Happiness in early childhood. *National parent-teacher*, 34:14-16, June-July 1940.
- Openchowski, Mieczyslaw, M.D. Psychoallergy. *Probation*, 18:131-38, June 1940.
- Opportunities for service in mental hygiene. *Mental hygiene news, Wisconsin society for mental hygiene*, 4:1-4, June 1940.
- Organizing an occupational therapy department in a psychiatric hospital. *Occupational therapy and rehabilitation*, 19:39-42, February 1940.
- Osgood, Carroll W., M.D. A study of insight of psychiatric patients. *American journal of psychiatry*, 97: 152-62, July 1940.
- Overholser, Winfred, M.D. Are mental disorders increasing? *Scientific monthly*, 50:559-61, June 1940.
- Owensby, Newdigate M., M.D. Homosexuality and lesbianism treated with metrazol; preliminary report. *Journal of nervous and mental disease*, 92:65-66, July 1940.
- Partlow, William D., M.D. Problems of a state mental hospital. *Southern medical journal*, 33:863-69, August 1940.
- Paskind, Harry A., M.D. and Brown, Meyer, M.D. Psychoses resembling schizophrenia occurring with emotional stress and ending in recovery. *American journal of psychiatry*, 96: 1379-88, May 1940.
- Pearson, Gerald H. J., M.D. The child's history as an aid in the psychiatric treatment of children. *Journal of pediatrics*, 17:241-48, August 1940.
- Pennsylvania medical society. Round-table conference on mental hygiene. *Pennsylvania medical journal*, 43: 1275-79, June 1940.
- Polatin, Phillip, M.D., Spontnitz, Hyman, M.D. and Wiesel, Benjamin, M.D. Ambulatory insulin treatment of mental disorders. *New York state journal of medicine*, 40:843-48, June 1, 1940.
- Polatin, Phillip, M.D., Strauss, Hans, M.D. and Altman, L. L., M.D. Transient organic mental reactions during shock therapy of the psychoses: a clinical study. *Psychiatric quarterly*, 14:457-65, July 1940.
- Polatin, Phillip, M.D. and others. Vertebral fractures as a complication of convulsions in hypoglycemic shock and metrazol therapy in psychiatric disorders. *Journal of the American medical association*, 115:433-36, August 10, 1940.
- Rademacher, Everett S., M.D. Democracy and mental hygiene in the home. *American journal of orthopsychiatry*, 10:466-70, July 1940.
- Ralston, Peggy. Educational therapy in a psychiatric hospital. *Bulletin of the Menninger clinic*, 4:41-50, March 1940.

- Rankin, James H., M.D.** Prevention of dislocations and fractures in metrazol convulsions. *Archives of neurology and psychiatry*, 44:362-76, August 1940.
- Read, Charles F., M.D.** "Shock" treatment for mental disorders. *Hygeia*, 18:627, 668, July 1940.
- Rebec, Will, M.D.** Management of the mentally ill in California. *Pacific coast journal of nursing*, 36:392-94, July 1940.
- Rennie, Thomas A. C., M.D.** Obesity as a manifestation of personality disturbance. *Diseases of the nervous system*, 1:238-47, August 1940.
- Reymert, Martin L.** Prevention of juvenile delinquency. *Journal of exceptional children*, 6:300-3, 306, May 1940.
- Reymert, Martin L.** Relationships between menarcheal age, behavior disorders, and intelligence. *Character and personality*, 8:292-300, June 1940.
- Rich, Margaret E.** The effect of joint administration on case work practice as seen by the private agency. *Family*, 21:135-41, July 1940.
- Richardson, Frank H., M.D.** Can parents mold personality? *Hygeia*, 18:688-90, 733, August 1940.
- Richter, Helen G., M.D.** Some observations on anancasm. *American journal of psychiatry*, 96:1459-67, May 1940.
- Rickman, John, M.D.** On the nature of ugliness and the creative impulse. *International journal of psycho-analysis* (London), 21:294-313, July 1940.
- Riemer, Morris D., M.D.** Misanthropic delusions, attitudes and associated character anomalies. *Psychiatric quarterly*, 14:556-67, July 1940.
- Riemer, Morris D., M.D.** Runaway children. *American journal of orthopsychiatry*, 10:522-26, July 1940.
- Roberts, John A. F., M.B.** Intelligence and fertility. *Mental health* (London), 1:69-75, July 1940.
- Robinson, G. Wilse, Jr., M.D.** The treatment of delirium tremens with insulin in sub-shock doses. *American journal of psychiatry*, 97:136-51, July 1940.
- Robinson, George C., M.D.** The patient as a person. *Bulletin of the Johns Hopkins hospital*, 66:390-97, June 1940.
- Rogers, Lieuen M., M.D.** The Bureau of mental health, State department of health of Kentucky; its organization, function and basic program. *Bulletin of the Department of health, Kentucky*, 12:174-78, May 1940.
- Rogerson, C. H., M.D.** The differentiation of neuroses and psychoses, with special reference to states of depression and anxiety. *Journal of mental science* (London), 86:632-44, July 1940.
- Roheim, Geza.** Magic and theft in European folk-lore. *Journal of criminal psychopathology*, 2:54-61, July 1940.
- Rosenberg, Elizabeth H., M.B.** Chronic neurotics and the outbreak of war. *Lancet* (London), 239:95-96, July 27, 1940.
- Sandy, William C., M.D.** Organization and administration in psychiatry. (President's address.) *American journal of psychiatry*, 97:1-12, July 1940.
- Sargent, William, M.B.** Acute war neuroses. *Lancet* (London), 239:1-2, July 6, 1940.
- Schatia, Viva, M.D.** The master builder; a case of involuntional psychosis. *Psychoanalytic review*, 27:311-18, July 1940.
- Scherer, I. W.** The bicycle and the deteriorated patient (experiments in recreational therapy). *Psychiatric quarterly supplement*, 14:183-89, July 1940.
- Schiele, Burtrum C., M.D. and Meller, R. L., M.D.** The evaluation of psychoneurotic symptoms in general medical practice. *Diseases of the nervous system*, 1:196-200, July 1940.
- Schube, Purcell G., M.D. and Raskin, Naomi, M.D.** Personalities of individuals with total situs inversus. *Psychiatric quarterly*, 14:518-26, July 1940.
- Schuler, Ruth V.** Some aspects of eugenic marriage legislation in the United States. *Social service review*, 14:301-16, June 1940.
- Selling, Lowell S., M.D.** Investigation methods in clinical criminology. *Journal of criminal psychopathology*, 2:80-88, July 1940.
- Selling, Lowell S., M.D.** The psychiatric findings in the cases of 500 traffic offenders and accident-prone drivers. *American journal of psychiatry*, 97:68-79, July 1940.
- Selling, Lowell S., M.D.** The short term prisoner. *Journal of criminal law and criminology*, 31:22-29, May-June 1940.
- Sharpe, Ella F.** Psycho-physical problems revealed in language; an examination of metaphor. *International journal of psycho-analysis* (London), 21:201-13, April 1940.

- Shirley, Hale F., M.D. and Greer, I. M.** Environmental and personality problems in the treatment of diabetic children. *Journal of pediatrics*, 16: 775-81, June 1940.
- Silbermann, Isidor.** The psychical experiences during the shocks in shock therapy. *International journal of psycho-analysis* (London), 21:179-200, April 1940.
- Singer, H. Douglas, M.D.** Psychiatry as an aspect of medicine. *Welfare bulletin*, Illinois state department of public welfare, 31:12, June 1940.
- Smallidon, John L., M.D.** A survey of mental illness associated with pregnancy and childbirth. *American journal of psychiatry*, 97:80-101, July 1940.
- Sprague, George S., M.D.** Modern concepts of mental illnesses. *New York state journal of medicine*, 40: 865-74, June 1, 1940.
- Stagner, Ross and Krout, M. H.** A correlational study of personality development and structure. *Journal of abnormal and social psychology*, 35:339-55, July 1940.
- Stalker, Harry, M.D.** Panic states in civilians. *British medical journal* (London), p. 887-89, June 1, 1940.
- Sterba, Richard.** The dynamics of the dissolution of the transference resistance. *Psychoanalytic quarterly*, 9:363-79, July 1940.
- Stevenson, George S., M.D.** Ways of developing and utilizing psychiatry in community health and welfare programs. *Mental hygiene*, 24:353-65, July 1940.
- Stewart, Alma M.** Personnel work with the special school pupil. *Journal of exceptional children*, 6:283-87, 306-7, May 1940.
- Stone, Esther H., M.D.** The psychoneurotic: a state hospital problem. *Medical woman's journal*, 47:241-43, August 1940.
- Stout, Jean.** The treatment needs of an unselected group of juvenile delinquents. *Smith college studies in social work*, 10:316-51, June 1940.
- Strauss, Alfred A., M.D.** The nervous child in the dental office. *Journal of the American dental hygienists' association*, 14:76-78, No. 2.
- Stullken, Edward H.** The philosophy of a special school. *Journal of school health*, 10:169-72, June 1940.
- Sukov, Marvin, M.D.** The long-term prisoner; a study of thirty men completing life sentences. *American journal of psychiatry*, 96:1321-34, May 1940.
- Symonds, Percival M.** Play techniques as a test for readiness. *Understanding the child*, 9:8-14, June 1940.
- Szurek, S. A., M.D.** Some problems in collaborative therapy. *Welfare bulletin*, Illinois state department of public welfare, 31:17-19, July 1940.
- Tompkins, J. Butler, M.D.** Penis envy and incest: a case report. *Psychoanalytic review*, 27:319-25, July 1940.
- Total of suicides in the United States exceeds 300,000 for 1920-1938.** *Journal of the American medical association*, 115:326, July 27, 1940.
- Towle, Charlotte.** The social worker and the treatment of marital discord problems. *Social service review*, 14:211-23, June 1940.
- Tucker, Beverley R., M.D.** Emotional illness — pathways, manifestations, and treatment. *Diseases of the nervous system*, 1:168-74, June 1940.
- Unsuccessful sex adjustment in marriage; Moderator—Dr. S. Bernard Wortis.** *American journal of psychiatry*, 96:1413-27, May 1940.
- U. S. Census bureau.** Patients in hospitals for mental diseases, 1938. *U. S. Public health reports*, 55: 1537-40, August 23, 1940.
- Vehlow, Edna L.** Occupational therapy outlets for the propitiation of guilt. *Occupational therapy and rehabilitation*, 19:159-62, June 1940.
- Waite, John B.** Youth in crime; an introductory explanation of the American law institute's proposed draft of the "Youth correction authority act." *Federal probation*, 4: 17-19, May 1940.
- Wall, James H., M.D.** Significant factors in the readjustment of women patients with masculine tendencies. *Psychiatric quarterly*, 14:504-12, July 1940.
- Washburne, Carleton.** A living philosophy of happiness. *National parent-teacher*, 34:32-35, June-July 1940.
- Watson, James, M.D.** Mental hygiene aspects of impaired hearing. *Health bulletin*, North Carolina state board of health, 55:8-10, September 1940.
- Wechsler, David, Halpern, Florence and Jaros, Eugenia.** Psychometric study of insulin-treated schizophrenics. *Psychiatric quarterly*, 14:466-76, July 1940.
- Weeks, H. Ashley.** Male and female broken home rates by types of delinquency. *American sociological review*, 5:601-9, August 1940.
- Weigert, Edith V., M.D.** Psychoanalytic notes on sleep and convulsion treatment in functional psychoses. *Psychiatry*, 3:189-209, May 1940.

- Wicks, Clarence A., M.D. Tuberculosis prevention and treatment in Ontario mental hospitals. *American journal of psychiatry*, 96:1335-75, May 1940.
- Wile, Ira S., M.D. Body-mind unity. *American journal of orthopsychiatry*, 10:532-47, July 1940.
- Wile, Ira S., M.D. The threat of mental disease. *Journal of nervous and mental disease*, 92:323-41, September 1940.
- Wolfson, Isaac N., M.D. Psychoses associated with myxedema; report of two cases. *Psychiatric quarterly*, 14:619-31, July 1940.
- Woltmann, Adolf G. The use of puppets in understanding children. *Mental hygiene*, 24:445-58, July 1940.
- Woods, Andrew H., M.D. The common basis of psychotherapy and general therapy. *Journal of the Iowa state medical society*, 30:384-89, August 1940.
- Worchel, Philip. Objective explanation of mental illness. *Occupational therapy and rehabilitation*, 19:145-54, June 1940.
- Wortis, Joseph, M.D. Intersexuality and effeminacy in the male homosexual. *American journal of orthopsychiatry*, 10:567-70, July 1940.
- Wulfeck, Wallace H. Psychology and management. *Personnel journal*, 19:49-54, June 1940.
- Yawger, N. S., M.D. Transvestism and other cross-sex manifestations. *Journal of nervous and mental disease*, 92:41-48, July 1940.
- Young, Pauline V. Scientific study of young, occasional, urban male offender in the 1930's. *American sociological review*, 5:596-600, August 1940.
- Zeifert, Mark, M.D. Metrazol remission in severe obsession-compulsion neuroses of five years duration. *Journal of nervous and mental disease*, 92:290-301, September 1940.
- Zulliger, Hans. Psychoanalytic experiences in public school practice. (Authorized English translation by G. V. Swackhamer.) *American journal of orthopsychiatry*, 10:595-608, July 1940. (Continued from April issue)

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